FOUR DOLLARS A YEAR, POSTAGE FREE.

VOL. XXXII. November, 1875. NUMBER 11.

THE

Chicago Medical Journal

AND

EXAMINER.

ISSUED TWELVE TIMES A YEAR.

EDITOR:

WILLIAM H. BYFORD, A.M., M.D.

ASSOCIATE EDITORS:

JAS. H. ETHERIDGE, M.D.
NORMAN BRIDGE, M.D.
JAS. NEVINS HYDE, A.M., M.D.
FERD. C. HOTZ, M.D.

TERMS—FOUR DOLLARS PER ANNUM, IN ADVANCE.

CHICAGO:

W. B. KEEN, COOKE & CO., Publishers,

NOS. 113 AND 115 STATE STREET.

COPYRIGHT—W. B. KEEN, COOKE & CO., A.D. 1875.

CONTENTS:

ORIGINAL COMMUNICATIONS:
Infantile Hæmorrhage. By H. M. Lyman, M.D., Chicago.....801
The Microscope in Daily Practice, (third paper). By I. N. Danforth, M.D., Chicago.....807
CORRESPONDENCE.....813
REPORTS OF SOCIETIES:
Chicago Society of Physicians and Surgeons, Meeting Sept. 13.....815
Same Society, Meeting Sept. 27.....820
Rock River Medical Society.....824
HOSPITALS:
Cook County Hospital.....826
SUMMARY OF PROGRESS IN THE MEDICAL SCIENCES:
I. Obstetrics.....827
II. Gynecology.....834
III. Cutaneous Diseases.....839
IV. Surgery and Otology.....845
V. Practical Medicine and Pathology...852
VI. Therapeutics.....857
BOOK REVIEWS.....860
TRANSLATIONS:
Hermaphrodism, from a Medico-Legal Point of View. By E. Warren Sawyer, M.D., Chicago, (continued).....867
MEDICAL NEWS AND ITEMS.....876
MORTALITY STATISTICS, Chicago.....878
ANNOUNCEMENTS FOR THE MONTH.....880

HORLICK'S NEW FOOD

Is not farinaceous, is already digested by malt, will keep good any length of time, contains in itself all the nutriment required to support life, either in infants or adults, requires neither cooking nor boiling, and is entirely different to the farinacious articles hitherto before the medical profession, put up in tins, paper packages, etc., consisting of so much pea meal, arrow root, baked flour, or some other starchy substance which perishes if kept over a certain period, and even when *received fresh* is not to be relied upon. One trial will convince you that HORLICK'S FOOD can be, and is superior to all others as a food for Infants, Dyspeptics and Invalids. No other article of the kind has ever given such satisfaction, or received such flattering testimonials. Send for circular and read some of them from W. C. Hunt, M.D., J. Adams Allen, M.D., etc.

Order through your Druggist. In 50c. and $1.00 Bottles. A liberal discount to Physicians and Charitable Institutions. A sample and circular sent on application to

J. & W. Horlick & Co., Sole Manufacturers and Patentees,
82 & 84 North LaSalle Street, Chicago.

ESTABLISHED A. D. 1850.

CHAS. DEGENHARDT,

MANUFACTURER OF

SURGICAL & DENTAL INSTRUMENTS

—AND—

APPARATUS FOR DEFORMITIES,

—ALSO—

TRUSSES, BANDAGES AND CUTLERY.

THE ENTIRE BUSINESS IS NOW LOCATED AT

(Late 125 La Salle Street,)

NO. 75 FIFTH AVENUE, - - CHICAGO.

REPAIRING DONE AT SHORT NOTICE.

We beg to call the attention of Physicians to our superior advantages in filling their orders. *Manufacturing* largely, it is our aim and object to be unsurpassed by any *House* in the *Northwest.* By paying particular attention to the quality of our goods, we feel confident of pleasing all who entrust us with their orders.

Orders can be sent by *Express* to any part of the country at a trifling expense.

THE

Chicago Medical Journal

AND

EXAMINER.

VOL. XXXII. — NOVEMBER, 1875. — No. 11.

Original Communications.

INFANTILE HÆMORRHAGE.

BY HENRY M. LYMAN, M.D.,

PROFESSOR OF CHEMISTRY IN RUSH MEDICAL COLLEGE, AND ONE OF THE PHYSICIANS TO THE COOK COUNTY HOSPITAL, CHICAGO.

(Read before the Chicago Medical Society, Oct. 18, 1875.)

A few years ago I attended one of my patients in her second confinement. Her first child had been a very healthy, vigorous boy, in this respect resembling the constitutional perfection of both parents. To my astonishment this second son was one of the most unpromising little wretches ever born. He was long and lean as a monkey, had an aphthous mouth from the very moment of delivery, and was, moreover, completely cyanosed. It seemed impossible that the child could live, but he did linger along till the fifth day after delivery, when he began to have convulsions, and to pass blood with his urine. The case was regarded as evidently hopeless, especially after blood had been vomited once or twice; but, for the sake of appearing to do something, I prescribed a drop of turpentine in mucilage every half hour. To the great surprise of every one the little fellow began to improve under this treatment. He passed blood only

once more, and in about one week was quite out of danger. He passed through the whole period of lactation and dentition without illness of any kind, and is now as wholesome and active as any child of four years can be.

A few months after this experience another of my patients, a primipara, was delivered, at full term, of a female child. Both parents were in perfect health, and the child presented all the appearance of usual vigor. About twelve hours after delivery, the nurse reported hæmorrhage from the umbilical cord. In my absence she had applied a fresh ligature. I examined the cord, and found that it was oozing blood. I applied a third ligature, and there was no more bleeding from that source. I was for an hour or two very much annoyed by my supposed carelessness in the first application of the ligature, when my feelings suddenly assumed a very different character in consequence of a profuse discharge of blood from the rectum of the infant. An injection of rhatany checked this flux, but it was soon followed by hæmorrhage from the bladder. I now prescribed turpentine, as in the former case, but without any success. Blood was vomited from the stomach; it oozed from the ears; one eye became bloodshot; purpuric spots appeared upon the skin; the cranial vault enlarged until the child assumed the well known appearance of a hydrocephalic infant; and death occurred about twenty-six hours after birth.

This last case furnishes a typical example of the disease called *purpura hæmorrhagica* in a new born infant. It cannot be considered a very common disease, for in a list of five hundred births these are the only well marked cases that have occurred within my experience. In three other instances, it is true, I have seen children, a few hours after birth, vomiting mucus streaked with blood; but, without any other hæmorrhagic accident, they did well. It may be doubted whether the first was a case of purpura, since there was such a degree of cyanotic obstruction to the circulation of blood, that the internal viscera might very easily have become congested to the

hæmorrhagic point through the operation of mechanical causes alone. The relief which so soon followed the occurrence of hæmorrhage seems to favor this supposition. But in the second case it was very evident that the difficulty was not mechanical. The greater the depletion of the vascular system, the greater the extravasation of blood. There was no autopsy to verify the hypothesis, but I am convinced that before death the cavity of the arachnoid was filled with blood. Paralysis did not occur, but it does not occur in cases of infantile meningeal hæmorrhage, in consequence of the yielding condition of the cranial vault. The condition of things is, in this respect, identical with what is observed in cases of ordinary hydrocephalus.

I cannot contribute anything new to a comprehension of the nature or causes of purpura. It is a not uncommon concomitant of many different diseases. It is sometimes caused even by the administration of drugs. Virchow saw it in a cancerous patient while taking iodide of potassium. Ricord saw it produced in a syphilitic patient, whenever he was treated with that drug. (Reynolds' System of Medicine, vol. I, p. 760.) I have also seen the same thing in the case of a young man who was taking scruple doses of iodide of potassium during the process of syphilitic necrosis of the bones of the cranium. The eruption, which had the appearance of hæmorrhagic measles, was located principally upon the legs and ankles, and it always disappeared within three or four days after ceasing to administer the drug. This fact I verified by a number of experimental trials.

I will not stop to review the various theories of purpura which have been advanced. It is only necessary to keep in mind two principal factors: the state of the blood and the state of the blood vessels. A deficiency of fibrine and a dissolution of the red corpuscles, have sometimes been observed, but such cases are so comparatively exceptional, that the author of the article on purpura, in Reynolds' System of Medicine, declares that there is

no evidence of its being a disease of the blood. That the extravasation is preceded by an alteration in the condition of the walls of the blood vessels, is undoubtedly true. Amyloid degeneration of the capillary walls, was found by Wilson Fox, (System of Medicine, p. 760), in a fatal case of purpura, in a syphilitic subject. The experiments of Brown-Sequard, Vulpian and others, have shown that certain injuries of the nervous centres may produce congestions of internal viscera, and even hæmorrhagic effusions from the capillaries in various parts of the body; and my own experience leads me to believe in the existence of a purpura which may depend upon a disturbance of the innervation of the smallest arteries and veins. I saw a lady, last winter, about fifty years of age, of an exceedingly nervous temperament, and for many years subject in a slight degree to that form of disease called rheumatic gout or rheumatoid arthritis. She had a red tongue, and was suffering with neuralgic pains in different parts of the body. One day, after several hours of atrocious pain along the track of the anterior tibial nerve, a purpuric eruption appeared over the seat of pain, midway between the knee and the ankle. This seemed to relieve the neuralgia, and the patient convalesced as the eruption faded away. Dr. S. Weir Mitchell has reported several similar cases. These, however, are not to be considered cases of general purpura; they are examples of a local lesion. (*Am. Jour. Med. Sciences*, July, 1869, p. 121.)

In view of the possibilities of injury to the brain in cases of difficult labor, it does not seem incredible that in the act of parturition, damage might be inflicted of such a nature that it would only reveal itself by a hæmorrhage occurring a few hours later. When one reflects also upon the well known fact of intra-uterine disease of the nervous system, producing congenital deformities of a paretic or paralytic character, it does not seem unreasonable to suppose that an intra-uterine nervous lesion might be the cause of the extravasation of blood which occasionally commences in the intestinal canal

of the fœtus before birth. This hypothesis would serve to explain the case reported by Dr. Bridge (*Chicago Medical Journal*, July, 1875, p. 487), as well as the cases of hæmorrhage from ante-natal ulcerations of the duodenum, reported by Dr. Spiegelberg (*Am. Jour. Med. Sciences*, Jan., 1870, p. 248). A thorough examination of the nervous system, after death, is much to be desired in such cases.

Very interesting in this connection are the phenomena which follow the application of snake poison to the capillaries. It had long been noticed that purpuric extravasations and passive hæmorrhages from the mucous surfaces of the body, are among the sequelæ of poisoning by snake-bites; and S. Weir Mitchell "observed upon applying the snake-poison to the mesentery of rabbits, that red blood capsules immediately appeared on the outer walls of the capillaries, accumulating in such masses as to compress the vessels, and impede or completely obstruct the circulation. Within five or ten minutes the entire field of vision becomes covered with extravasated blood, the origin of which can only be referred to some alteration in the walls of the vessels." (Ziemssen's Cyclopædia of Medicine, Vol. III, p. 549.) It would be interesting to have the nature of this "alteration in the walls of the vessels" made clearer than it is at present. It is not very probable that it consists in a solution of the protoplasmic substance of the capillary walls; and, in view of the lack of certainty regarding the existence of a nervous apparatus for the capillaries, it is imprudent to assert positively that it is due to an altered innervation of these vessels.

The hæmorrhages which often occur in the course of pyæmia or in the hæmorrhagic forms of acute infectious disease, are all, doubtless, produced in a similar manner. The injection of putrid animal fluids into the veins, will occasion the same result. A specific contamination of the blood seems, then, most likely to be the primary cause of purpuric hæmorrhage. The occurrence of such hæmorrhage in a new-born child should, therefore, direct

our attention to the search for possible causes of blood-poisoning; and this brings me to a fact not yet mentioned in the history of my cases. They both occurred during the prevalence of an epidemic of puerperal fever in this city. There were no puerperal accidents in the case of the mother of the first child; but, as we have already seen, that was not a case of undoubted purpura. It may have been a simple hæmorrhage from cardiac obstruction to the circulation. In the second case, however, the child was scarcely dead when the mother experienced a violent chill, which was followed by pelvic cellulitis, that confined her to bed for three months.

During the same epidemic the mother of one of the children to whom I alluded above as having vomited mucus streaked with blood, had a milk-leg following her confinement, but the child presented no other appearance of departure from the most perfect health.

I am not in possession of data sufficient to warrant me in the assertion of a direct connection between puerperal disease on the part of a mother and purpuric hæmorrhage on the part of her offspring; yet, when we remember how often, comparatively, we see the mother die of child-bed fever, and the infant of erysipelas, it is impossible to avoid the conclusion that there may be also a certain degree of community between the causes of the various diseases which attend child-birth, and the causes of infantile hæmorrhage.

THE following verdict of a coroner's jury in Exeter, England, commends itself to the consideration of medical gentlemen in this city: "Congestion of the lungs, accelerated by an overdose of opium innocently administered by her mother from a *modern* teaspoon, containing two drachms, instead of from a teaspoon of older date, containing one drachm."

Verbum sat sapientibus!

THE MICROSCOPE IN DAILY PRACTICE.

(THIRD PAPER.)

By I. N. DANFORTH, M.D.,

Lecturer on Pathology in Rush Medical College, Chicago.

It is one thing to *buy* a microscope; it is quite another thing to make it practically valuable in the practice of medicine. There are two classes of extremists with respect to the microscope; one class ridicule it as of no value, the other repose in it a profound faith and regard it as well nigh infallible. These two classes are about equi-distant from the truth, but of the two I prefer the former, since it is generally easier to remove a reasonable and *reasoning* skepticism than to curb an unreasoning and unreasonable faith—and, I may add, far more satisfactory. To the physician in every day practice, the microscope is mainly useful as an aid to diagnosis; in this respect, it takes its place with the ophthalmoscope, the stethoscope, the laryngoscope, the otoscope, and the rest of the "scopes" that are or are to be. But the microscope is, or ought to be, more than this; as Stricker tersely puts it, it "is a means of research," and every physician who owns a microscope should so regard it and so *use* it. The young men of our profession in the Northwest are as capable of original research as are the young men of England, France or Germany. It is not to our credit that we are compelled to go abroad for most of the new discoveries in physiology and pathology. Americans make the best microscopes and the fewest discoveries in medicine; Germany the poorest microscopes and the most discoveries. How natural it is for us to hang our faith in matters relating to histology upon the Germans; but in doing this we export all the compliments.

It is not very difficult, however, to understand why so many of our students and graduates let the microscope severely alone. I am persuaded that it is largely due to the fact that microscopy is commonly looked upon as a

very mysterious as well as a very expensive piece of business. It seems to be generally believed that a large array of costly instruments and apparatus is necessary, in addition to a costly microscope—so that it is by no means singular that the student or physician of moderate means should look upon the microscope as something *desirable* but not *attainable.*

In the two preceding issues of the JOURNAL AND EXAMINER I tried to show that a good microscope need not be a costly affair; in this present paper I propose to show that it does not demand a very great outlay of *money* to *get ready* to use the instrument.

The specimens, both healthy and morbid, which will present themselves to the physician for examination may be divided, for convenience, into three classes:

(*a*) Fluids.
(*b*) Semi-solid structures.
(*c*) Solid structures.

For the examination of all sorts of specimens, slips of glass of convenient size will be required. These glass slips or slides are now universally made three inches long by one inch wide, and they can be purchased of any dealer in "microscope findings" at about fifty cents per dozen. A uniform size has been adopted so that *all* slides will fit securely in *all* cases or cabinets; it is of course merely a matter of general convenience; we all agree to uniformity in this matter just as we all agree to a uniform size of screw for objectives and other accessories. It is not, however, necessary to buy the ground slides. A thin pane of common window glass, selected with some care, may be cut into slides, and will answer every purpose, with the exception of now and then a slide that will contain "flaws," like air bubbles or scratches or other irregularities. But these slides made of window glass, will answer every practical purpose. "Covering" glasses will likewise be required from the outstart. These are round or square pieces of very thin glass prepared especially for the purpose of covering the

object, after it has been placed upon the glass slide, the design being to flatten the specimen, and thus cause it to assume a uniform degree of thickness. These thin circles or squares of glass are kept by the dealers, and they generally cost about forty cents per dozen for common sizes, as five-eighths or three-quarters of an inch diameter or square, as the case may be. But here, again, for ordinary use, a substitute may be employed which is vastly cheaper and far more durable. Let the student procure a piece of clear mica (from any stove dealer) and carefully split it into thin laminæ; then let each lamina be cut into squares or circles as may be desired. The objection to mica is, that it is less clear than glass, and that it is likely to show striæ or scratches, corresponding with the various laminations. But the student will shortly become accustomed to these defects, so that he will scarcely notice them at all; in other words, they practically cease to be defects, just as blemishes of speech or feature cease to be repugnant as we acquire familiarity with them.

(*a*) *The Examination of Fluids.* The microscopic examination of the fluid substances which come under the notice of the physician, really means the study of their solid portions, which are sometimes amorphous, sometimes crystalline, sometimes cellular. The mode of procedure is very simple, and is essentially the same for all fluid products, if the specimen consists of as much as a couple of fluid drachms. Pour the specimen into a conical glass, like an old fashioned wine glass, cover it carefully to prevent the access of dust, and allow it to remain until the sediment falls to the bottom, which will take from six to twenty-four hours, according to the copiousness and density of the sediment.

For the purpose of gathering the sediments of urine, serous discharges, etc., conical glasses of four or five ounces capacity are sold by the dealers in microscope findings and chemical wares; they are very convenient, but not *necessary*. An old fashioned wine glass, which

can be found in almost any house, or country store, answers equally well, and costs far less; in the absence of this, a test tube will answer almost as well, and as a matter of absolute fact, in nine times out of ten, a sufficient quantity of the sediment can be obtained, if the specimen is merely allowed to stand in an ordinary druggist's phial.

After precipitation has taken place, the next thing is to get a drop of the precipitate in shape for examination. For the removal of a minute quantity of the deposit from the bottom of the conical glass, or other vessel, a *pipette* is necessary. This is merely a glass tube, about three-sixteenths of an inch in external diameter, and ten or twelve inches long. These tubes are generally drawn to a capillary point, by simply heating them in the flame of an alcohol lamp—an operation which the merest tyro can easily perform. Then take the tube between the thumb and second finger, and close the upper orifice with the index finger, so as to prevent the escape of air; plunge the lower end of the pipette to the bottom of the glass containing the specimen, and slightly raise the index finger from the upper orifice; a few drops of the sediment will flow into the tube, which should then be quickly closed again with the finger; now raise the tube, still tightly closed, from the glass, wipe the adhering fluid from its external surface, and allow a single drop of the contained sediment to flow upon a glass slide, previously prepared for its reception. If the student does not happen to possess a pipette, a rye or wheat straw, or the stem of a common clay pipe can be made to answer almost as well. "Where there is a will there is a way"—a bit of philosophy which, I am bound to confess, is not exactly original with me.

Having placed the specimen upon the glass slide, the next step is to apply the thin glass or mica "cover"—and it requires some little tact to do this, without including a colony of pestering air bubbles.

For the application of the covering glass, as well as

for many other purposes in connection with microscopy, a small sharp-pointed, curved forceps, like that represented in the accompanying illustration (Fig. 1), will be

Fig. 1.

found extremely useful. They can be obtained for about 50 cts. each of Messrs. Johnson & Lund, dealers in dental supplies, of this city. Those with comparatively weak springs should be selected, as it is very tiresome to the fingers to hold the points in firm contact if the resistance is too great. The glass cover is applied in the following

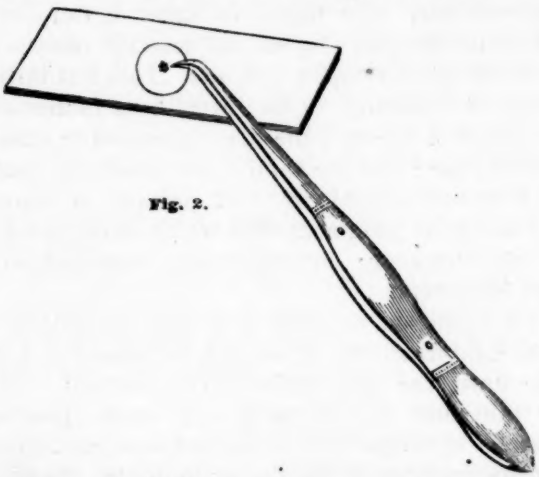


Fig. 2.

manner: Take the forceps as represented in the illustration (Fig. 2), and, with the curved points of the instrument, seize the "cover" near its margin, place the opposite (or free) margin in contact with the slide, and allow the cover to descend slowly and gently upon the specimen to be examined, until it is nearly in contact with the slide; then allow it to fall of its own weight. The specimen will be included between the slide and the cover, and the effect of the latter will be to spread it out

in a thin film of uniform thickness. As the covering-glass falls, a portion of the fluid will be forced out around the margins; this must be absorbed by a fragment of blotting paper, or a bit of old muslin. The specimen is now ready for examination, and the student should proceed to study it, slowly, carefully, and *thoughtfully*. I particularly insist upon the importance of comparing the microscopic appearances of the morbid specimen with the history of the case. In renal diseases this is *imperative*, if the diagnosis and prognosis are to be of any *certain* value. No thoughtful, careful physician trusts to his stethoscope, or his ophthalmoscope, or his laryngoscope *alone;* no more can he trust to his microscope *alone*. Many physicians, who ought to know better, expect more of a microscopist who has *not* seen the patient than they do of the stethoscopist who *has*. This is simply the perfection of absurdity. One instrument increases the natural power of the eye, the other increases the natural power of the ear; the one is no more infallible than the other. Both are valuable in exact proportion to the experience and good judgment with which they are administered, and both are comparatively valueless in the hands of beginners.

When a specimen consists of a less quantity than a couple of fluid-drachms, it should be placed in a small test tube until the deposit falls to the bottom. In this manner the solid portion of a very small quantity of fluid can be collected and examined without difficulty. It is not the province of this paper to inform the student *what* he is liable to find in the many varieties of fluid specimens which may come before him, nor the pathological import of the microscopic appearances. These are matters that will be taken up in their appropriate places, later in the series.

74 South Morgan Street.

Correspondence.

QUINCY, ILL., July 19th, 1875.

EDITOR CHICAGO MEDICAL JOURNAL AND EXAMINER—

DEAR SIR:—In the *American Journal of the Medical Sciences* for this month, in an article on "Ununited Fractures," by Dr. John H. Packard, of Philadelphia, reference is made to a case reported by Mr. Annandale in the *British Medical Journal* for January 9th, 1875, and subsequently reported in the *Monthly Abstract of Medical Science*, March, 1875, page 127.

A case of Colles' Fracture, resulting in great deformity of the forearm, occurred in this city eight years ago; the operation of resection subsequently performed for its relief by Dr. William A. Byrd, very closely resembling that which Dr. Packard describes in the first of his two cases. Dr. Byrd's operation was performed November 1st, 1873, and an account of it was published, with plates, in the *Richmond and Louisville Medical Journal*, for October, 1874.

The *Monthly Abstract* for March, 1875, contains Mr. Annandale's report, but not until the April number of that publication, and then only when the attention of the editor had been called to the matter, was Dr. Byrd's report noticed. Now comes Dr. Packard, who refers again to Annandale, but seems to have no knowledge whatever of the operation performed and reported by an American surgeon several months before. What is the reason for all this? Do our brethren in the East imagine that in the East only can wisdom be found? Is it not possible at least, that had the case reported by Dr. Byrd occurred in one of the Atlantic States (or say in the city of Philadelphia), Dr. Packard would have remembered something about it, and Dr. Hays would not have omitted and utterly ignored it, in making up his *Abstract*, until in some sort compelled to give it the notice it deserved?

As a friend of Dr. Byrd, and having been present at the operation, which was certainly one that had no precedent in medical literature, I send you these statements and queries which you are at liberty to use as you may see fit.

Philadelphia is, of course, entitled to her station as the old centre of medical science in this country; but it behooves the priests around her altars, if they would uphold the sacred honor of their temple, to accord a portion of that honor, and to give credit to those entitled thereto, and not to cross the ocean in search of prophets, or to look for information that they have previously received from their own countrymen, even when it does come from that West over which they affect so great a superiority.

I am very truly yours,

L. H. COHEN, M.D.

NEW YORK, 43 W. 32ND ST., Sept. 22, 1875.

MY DEAR DOCTOR—

In the last number of your JOURNAL AND EXAMINER, Dr. Leonard, of Detroit, writes upon the use of warm and hot water in surgery; "not so much," as he says, "to call attention to the efficacy of this plan of treatment, as to set aright some of the current opinions as to its originator." In the next paragraph, alluding to one of my own contributions upon the subject, he says: "Therein it seems to be fathered upon the French Surgeon, Amussat."

If Dr. Leonard will read the paper alluded to again, he will see that I have stated exactly the contrary; namely, that Amussat had reached the conclusion that cool water was in general to be preferred.

The error was, of course, unintentional, but I have thought it of sufficient importance to require correction.

Very truly yours,

FRANK H. HAMILTON.

WM. H. BYFORD, M.D.

Reports of Societies.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

Regular Meeting, Sept. 13, 1875.

(Reported by E. WARREN SAWYER, M.D.)

President, Dr. Bevan, in the chair.

Prof. J. S. Jewell presented to the Society an elaborate and interesting paper on motor centres in the cerebral cortex. The entire paper should be read in order to learn the interesting manner in which the subject is analyzed, as well as the views of the author, but in our report we are limited to a very imperfect abstract.

After speaking of the importance of the subject, and stating that physiologists are divided on the question of centres in the cortex, the writer says, "we do not now so much need new experiments in many departments of physiology, as we do patient, critical reflection on those we now have."

"The opinion that the cortex of the brain contains circumscribed spots, which are more or less directly concerned in the movements of definite groups of muscles, has an experimental basis. The experiments have been of two kinds." First, mutilating a considerable portion of the cortex of some adult animal's brain, as has been done by experimenters in various ways—removal of the portion, destroying the portion by means of corrosive chemical substances, or by injecting lycopodium powder into some small vessel which is supplied to a certain region of the brain, thus destroying that region. Second, excitative experiments, in which the integrity of the part excited was not destroyed. It was this latter class of experiments that formed the especial subject of the reader's remarks: "The establishment of *one* well-defined motor centre will involve the principle as truly as would a dozen."

The two experimenters who have done most in this direction, are Hitzig, of Berlin, and Ferrier, of London,

and both think they have demonstrated the presence of motor or psycho-motor centres in the brain. "Their opinion seems to be, that certain limited tracts of cells, in the cortex, constitute the primary motor centres, in which, and on which, the will acts to originate voluntary action in certain definite groups of muscles. The will communicates an impulse to the cells of these centres, which are thus excited to activity. An impulse is sent from them, down certain fibres, which stand connected with them, and this impulse is conveyed to the ganglionic motor masses at the base of the brain, and they in turn are excited by the impulse, which has reached them from the centre in the cortex, and so on until the muscle, or group of muscles, is reached, which it is necessary to put in action."

These men further suppose that these centres can be put in action artificially, as they are naturally by the will; and this has been done by passing a galvanic current through very delicate electrodes plunged into various regions of the brain. The reader exhibited plates of animal brains, showing the location of certain centres. Thus it was found that in stimulation of a certain tract, the animal being under the influence of chloroform, "the movements began by wagging the tail, and spasmodic twitchings of the left ear. After the cessation of the more violent spasms, the animal held up its head, opened its eyes wide, with the most animated expression, and wagged its tail in a fawning manner."

The views of these observers have been vigorously combatted by others upon various grounds. The principal objections to these views were then taken up by the reader; the following, among others: "It has been objected to the opinion as to the existence of motor centres in the cortex of the brain, that electrical excitation of the brain, after division of the facial nerve, has led in some cases to contractions of the facial muscles. It is said that the currents must have been diffused, in such a case, so as to excite the facial nerve beyond the cut,

which fact, if true, would militate against the local action of the currents employed in such experiments of Hitzig, Ferrier, and others. This particular objection is made by Dr. Austin Flint, Jr., of New York." In answer to this objection, the reader says: "In this case, if we admit that wide diffusion of the current took place, we may suppose that the peripheral end of the divided facial nerve was excited, and in this way the contractions were produced, certainly they could not have arisen from an excitation of the nucleus for the facial. But if the diffusion was so wide-spreading in its action, as it must have been in this instance, it is difficult to see why both sides of the face did not act, and indeed, why more general convulsions did not occur, instead of being so nearly limited to the facial as they were, that is, if such limitation was a fact."

The reader then detailed the objections raised by Brown-Séquard, in an article in the *Boston Medical and Surgical Journal*, July 29, 1875. The first objection of this eminent physiologist is, "that the psycho-motor centres, even if we admit their existence, are not situated in homologous parts of the brains of different animals, as they ought to be if they really existed. This objection, Dr. Brown-Séquard thinks to be fatal to the hypothesis of definite cortical centres." In answer to this, the reader said: "if this objection is well-founded, it would be a serious, but, even then, not necessarily a fatal one, so it seems to me. But I am not ready, as yet, to admit it as being well founded, until still more careful studies are made, on the one hand, in respect to equivalent convolutions in the brains of different animals, as compared together; and, on the other hand, until the location of motor centres, if they exist, shall have been made the subject of a vastly greater number of experiments, and from a more enlightened stand point, than it has been possible to occupy up to this time. * * * Especially will it become apparent, that after all that has been done by Vrolik, Reichert, Leuret, and Graliolet, Owen, Hux-

ley, Turner, Broca, Ecker, and others, towards a comparative study of the convolutions of the brain, that, except in a rather rude way, we are in no position to declare with certainty what special convolutions, or pairs of them, are truly homologous."

It is further objected, "that the character of the symptoms in brain diseases is not in the least dependent upon the seat of the lesion; so that a lesion of the same part may produce a great variety of symptoms, while, on the other hand, the same symptoms may be due to the most various causes; various, not only as regards the kind, but also the seat of the organic alteration. In view of these facts, I have been led to believe that lesions of the brain produce symptoms, not by destroying the function of the part where they exist, but by exerting over distant parts either an inhibitory or an exciting influence; or, in other words, either by stopping an activity or by setting it in play."

To all which the reader replied: "Is it possible that the brain is an almost absolute exception in this respect to other organs of the body, and, indeed, to most other parts of the nervous system, the spinal cord, for example? Is it possible that exactly the same kind and degree of a lesion of a definite part of the brain, will give rise at one time to one class or kind of symptoms, and at another, to another kind, and so on, every time producing different phenomena, or symptoms? His statement would seem either to imply that the various parts of the brain—cortex, if you please—if it can be said to have parts, either have the most variable or miscellaneous functions, or none at all. For my own part, I cannot look upon the present unsettled state of our knowledge of the structure, functions, and diseases of the brain, in any such discouraging way. The present uncertainty which prevails in the diagnosis of many brain diseases, depends on a want, as yet, of a correct or exact knowledge of the actual structure of the brain; *i. e.*, a want of a similar knowledge of the functions of its special parts,

such as a more profound study of its anatomy, I believe, will reveal in the future; and, because of the positive errors that now prevail on these subjects, that the progress of future research is destined to clear away, and especially on account of the want hitherto of thoroughness in working up the *ante*, and especially the *post*-mortem histories of brain diseases. I assert, in the most unhesitating manner, that the lists of cases, say, of cerebral hæmorrhage, which are collected by such writers, for example, as Sintrac, and on which reliance is placed by Brown-Séquard, useful as they are on many accounts, are for all purposes of exact study and reliable inductions nearly worthless." The reader quoted a case, taken at random from Sintrac's book, to show how incompletely it was reported: "Male, fifty years. May; delirium, loquacity, irregular movements of the members, (dyspnœa), death. Pia mater adherent to the brain, *at the anterior and inferior part* of the right middle lobe cortical layer, *to the extent of two convolutions*, filled with grumous blood, mixed with cerebral tissue. Subjacent medullary substance intact. Brain soft. Pleuritic exudations, nodules of pulmonary hepatization, pericarditis, softness of the heart." "Now what shall we say of conclusions based on a study of such cases as this one? Is it any wonder that if they were relied on, the observer might reach such a conclusion as Dr. Brown-Séquard has done? What part of the brain proper was diseased in the case I have quoted? Why, 'the anterior and inferior part of the right middle lobe,' and beside this, 'the brain was soft.' But the point in these remarks is this, that it is by the study of a collection of similar cases that Dr. Brown-Séquard reaches the conclusion that 'the symptoms in brain diseases are not in the least dependent on the seat of the lesion;' and conclusions based on a study of such cases are to be placed in the scale against the results of careful physiological experiments, conducted on limited parts of the living, healthy brain!"

In conclusion, the reader said: "I am persuaded that

such centres do exist, and I hazard the prediction, if it can be so called, that the time will soon come, when the supposition which admits such centres, will ripen into a certainty which none will question. While I speak thus, I am aware this doctrine is not clearly established, yet I expect to see not only the existence of such motor centres established, but, also, sense centres and perceptive centres, and centres for different kinds of memory and emotion, etc., and all in this wonderful nervous structure—the cortex of the brain."

The reader then extracted from a recent number of the *British Medical Journal* an account of Ferrier's latest experiments, which confirmed him in his prediction.

The paper was discussed by Drs. Bartlett, Merriman, Hyde, Owen, Starkweather, and others.

In behalf of the Society, the President invited Prof. Jewell to supplement this paper with another, at some future day, in which the practical issues of this important question should be treated.

Dr. Sawyer read a paper on the Intestinal Affections of Young Children.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

Regular Meeting, Sept. 27, 1875.

(Reported by E. WARREN SAWYER, M.D.)

Vice-President Hamill, in the chair.

The report of the Section on Materia Medica and Therapeutics being called for, it was presented and read by Dr. P. S. Hayes.

Dr. A. Reeves Jackson reported the following case:

CASE OF STERNO-MASTOID TUMOR.

Mrs. T., a primipara, aged 24 years, was delivered of a female child, Nov. 25, 1874. The labor was a lingering one and very severe, delivery being finally accomplished with forceps. On the 18th of December, following—

twenty-four days after confinement—the mother called my attention to a swelling which had appeared on the right side of the infant's neck. The site of the enlargement was the sterno-cleido-mastoid muscle, which had assumed a sigmoid shape, the upper or mastoid extremity curving forward and the sternal end backward. The middle and lower thirds of the muscle were more swollen than the upper third. Throughout its entire length it was indurated, and, under tolerably firm pressure, it seemed painless. The muscle could be moved laterally or pressed inwards, although the degree of mobility was somewhat less than natural. The skin covering the part was not altered and was freely movable over the surface of the swelling. There was, apparently, no impairment of motion in the muscles of the neck, for the child moved its head without constraint in any direction.

I advised the daily application of tincture of iodine to the part, and this treatment was continued for a few days without noticeable effect. I then prescribed inunction with mercurial ointment, twice a day. The swelling slowly subsided, and the muscle gradually resumed its normal shape and size, so that at the end of about six months, all trace of the disease had disappeared. The ointment was used nearly four months. It produced no constitutional symptoms, and, I think, had also no influence locally. Indeed, the mother thought the growth was reduced more rapidly after she ceased using it.

At a meeting of the London Pathological Society, held Nov. 17, 1874, (*Medical Times and Gazette*, London, Nov. 28, 1874), Dr. Frederick Taylor brought forward a case of induration of the sterno-mastoid muscle in an infant.

The subject of the disease was first seen at the age of four weeks, when, in addition to a syphilitic eruption, it presented the condition known as tumor of the sterno-mastoid.

There was an unquestionable history of syphilis in the

parents. While improving under mercurial treatment, the child died very soon of broncho-pneumonia.

Post-mortem, a hardened nodular mass could be felt under the skin occupying the lower half of the muscle, and freely movable subcutaneously. On dissection, the muscle was found perfectly free from the surrounding tissues. The sternal end chiefly was indurated; and the induration, to the naked eye, presented the characters of muscular tissue only. Microscopically, however, the more dense portions appeared to consist almost entirely of white fibrous tissue; and this element passed upwards beyond the limits of induration, separating and isolating the muscular fibres. There was an abnormal development of fibrous tissue in the clavicular portion also of the muscle. In no situation was there any young cell-growth to be discovered; all was fibrillar.

The exhibitor said that among the several explanations offered of the origin of these tumors, was that of their development by simple hypertrophy, and that by inflammation. Mr. Thomas Smith had lately considered that they might be due to injuries suffered during birth; other pathologists considered them syphilitic in their nature.

In the present instance there was certainly syphilis; and the child was born by the breech, with the hands over the head. But neither did the dissection reveal hæmorrhage or adhesions around the muscle, nor did the microscopical examination yield evidence of inflammation. Nothing definite of a positive kind had therefore been made out.

It was another question what becomes of these tumors. Observers who declare that they disappear, have perhaps not watched them sufficiently long. It was possible that some cases of imperfect development of one side of the neck might have this origin.

Mr. Arnott said that this was, perhaps, the first record published of the histology of the sterno-mastoid tumor. As to its cause, of many cases which he had seen, there

had been unnatural delivery in one only, and in not one had there been syphilis. Such tumors were not seen, as a rule, for a fortnight after birth, probably because the mother does not usually wash the child before that time.

Mr. Clement Lucas related the case of a child with a tumor of the buccinator muscle, which appeared shortly after birth and disappeared under treatment by mercurial inunction. At the age of six months the child presented syphilitic symptoms.

Dr. Taylor remarked that Mr. Thomas Smith mentions one case of sterno-mastoid tumor which was observed immediately after birth.

The President (Sir Wm. Jenner), believed that the non-discovery of the tumor until a fortnight after birth, was to be explained by the custom of intrusting the dressing of the infant to the nurse.

The case related by Dr. Taylor so nearly resembles the one observed by me in most of its features that I cannot but regard the two as identical in character. But, while in the former there was abundant evidence of the presence of a syphilitic taint, in the latter there was none, both parents having been, and still being healthy. The child, too, now over ten months old, has been free from any skin disease and remarkably healthy. Mr. Arnott in the discussion alluded to, stated that he had seen "many cases," and that there had been no history of syphilis in any of them. So far, therefore, as we have any evidence upon the subject, I think we may regard the presence of syphilis, when it occurs, as accidental and not as an etiological factor.

Histologically, these enlarged indurations seemed to occupy a doubtful position. Being confined wholly to the muscle, they must, probably, be regarded as either hypertrophic or inflammatory in character. They can hardly be considered inflammatory, I think. Dr. Taylor says, positively, that in the case examined by him there were no evidences of inflammation. If the part were acutely inflamed there would be present other symptoms

—pain, impaired motion, increased heat, and a tendency to suppuration. These were all absent. If, on the other hand, the inflammation were of the chronic form, we would have, after the disease had passed beyond the stage of hyperæmia, the formation of an interstitial germinal tissue—the exudation of authors; and where from this there results "induration," the muscular fibres perish entirely, and there remains only a narrow ribbon-like stripe, where there was formerly a full muscular belly.*

As regards their being hypertrophic, Rindfleisch says that true hypertrophy of muscular tissue occurs in a marked manner only in the heart muscle; that although the voluntary muscles may become large and more vigorous by exercise, such hypertrophies cannot, at present, be demonstrated anatomically.

There is another form of enlargement of muscular tissue, denominated by Rindfleisch, pseudo-hypertrophy, which consists essentially in the permeation of the muscles with fat; and it is possible that it is in this pathological category that the disease under consideration belongs. Here, according to the authority just named, "the muscular fibres do not appear diminished, but only forced apart; none touches its neighbor because it is separated from it by a row of interstitial fat-cells."

ROCK RIVER MEDICAL SOCIETY.

Meeting, September 27, 1875.

(Reported by F. E. SHERMAN, M.D., Secretary.)

The Rock River Medical Society met pursuant to adjournment, at New Cassell, Fond du Lac county, Wis., and was called to order at 10.30 A.M. President Senn in the chair.

Dr. Marston, of New Cassell, reported an interesting

* Rindfleisch, Text-Book of Pathological Anatomy, p. 676.

case of ruptured uterus, in which the patient recovered in the first instance, dying from a repetition of the accident in a subsequent labor. The remarkable points of the case were the recovery after the first rupture, and prolapse of a portion of omentum through the rent, which was subsequently removed by the process of suppuration.

Dr. Senn, of Milwaukee, then presented two pathological specimens: excised head of the femur, and tibia and fibula at the ankle joint, relating the cases.

The regular discussion of the subject reported on, regarded immovable fracture dressings, in which all the members took part. Numerous varieties of permanent dressings were mentioned—the general opinion prevailing that in ordinary fractures, as an immediate dressing, they were somewhat objectionable, while in some special cases, and as a later means of support, they might be used to great advantage.

The committee on place and time of next meeting, reported in favor of Hartford, Tuesday, October 19. Subject for discussion: "The duties of a physician in natural labor."

On motion, the Society adjourned according to the report of committee.

INFLUENCE OF BROMIDE OF POTASSIUM ON THE MENSTRUATION. *Cordes.*—A delicate but healthy young lady, who menstruated every three weeks, was given half a grain of bromide of potassium daily for one week preceding the expected menstruation. Whereupon the menses appeared every four weeks, but they returned in tri-weekly intervals as soon as the bromide was discontinued.—*Bull. de Thérapie; Memorabilien*, xx. 7.

Hospitals.

COOK COUNTY HOSPITAL.

(From Notes by D. A. K. STEELE, M.D.)

CANCER OF PYLORUS.

Catherine Y., a Polish washerwoman, aged 40 years, was admitted to the wards of the County Hospital, Feb. 2, 1874, stating that she had enjoyed good health until about five months previously, when she left Prussia to come to America. When at sea two weeks, she was severely attacked with sea sickness, vomiting all ingesta, even water. The matter ejected was of a greenish color. She was sick about three weeks; partially regained her health after landing, but ever since the stomach has been irritable, and she is subject to attacks of vomiting.

On admission, patient poorly nourished and emaciated; no appetite; bowels constipated; complains of pain in the chest, stomach and bowels; has some difficulty in urinating; frequently ejects a greenish-colored vomit; has occasional rigors and fainting fits.

Physical exploration of the chest reveals no particular abnormality; respiration is short, quick, jerky, and rather feeble; pulse 88; respiration, 28. On examination, find the abdomen doughy, bowels gurgling on palpation; find a hard nodulated mass just below the ensiform cartilage, extending on either side of the median line; the mass being very tender on pressure. Patient was given wine, beef tea and eggs, *ad libitum*, and ordered a pill containing extract of conium, gr. ij; ferric arseniate, gr. $\frac{1}{12}$, every four hours, and carbolic acid, gr. $\frac{1}{4}$, in mucilage, to control vomiting.

April 10. On examination, find cancerous deposit involving rectum; abdominal cavity contains a large amount of fluid. Patient continued gradually growing worse until May 9th, when she died. Autopsy, seven-

teen hours after death. Body very much emaciated; considerable serum in abdominal cavity; peritoneum rough, and studded with irregular points of cancerous deposit, giving it a peculiar, mottled, pearly appearance; liver and spleen contained small masses of cancerous deposit. The pyloric orifice of the stomach was very much thickened, and the orifice contracted to about one-half its normal calibre; the walls of the pylorus being about three-fourths of an inch thick. Throughout the entire length of the intestinal tube, there were points of cancerous deposit, giving the intestines a roughened, granular, whitish or mottled appearance, resembling the spots on a rattlesnake. Along the left side of the rectum and lower part of the ileum, there were twelve or fourteen small cancerous masses, about the size of kernels of corn, and perfectly white; rectum was thickened. Lungs and heart seemingly healthy. The kidneys contained small deposits of cheesy matter. Brain not examined.

Summary of Progress in the Medical Sciences.

I. Obstetrics.

1. *Chloral as an Anæsthetic in Natural Labor.* By Dr. H. Chauppe. (*Annales de Gynécologie*, Mai, 1875.)

The points considered by the writer are:

1. *Obsterical anæsthesia* can *be produced by chloral;*
2. *It is without danger to mother and child;* and
3. *In what cases, at what period of labor, in what doses, form, and by what channel it ought to be administered.*

I. The writer has collected thirty-seven cases of the use of chloral thus: "In thirty cases anæsthesia was *complete;* in five cases it was *almost* complete; and in

two cases it was *not* produced." Twelve of these cases are given at length, a few of which are here given at random.

"Case VI. L'hôpital de la Charité; service of M. Bourdon, Dec. 17, 1873; patient aged 23; labor commenced at midnight; at 1 A. M. her pains were very severe. The cervix was dilated to the extent of a two-franc piece (quarter of a dollar); vomiting. Two grammes (about thirty grains) of chloral hydrate were administered, but this potion provoked vomiting anew.

"9.10 A. M. Two grammes (thirty grs.) of chloral were given per rectum.

"9.20 A. M. She commenced to sleep, although she cried out at the time of the contractions.

"9.40 A. M. A new injection of two grammes of chloral given. From this time the patient was calm, the contractions continued to be produced without any pain till 11.30 A. M., at which time the delivery was completed. During the labor the patient awakened at the time of the contractions, but she did not suffer.

"She left the hospital in perfect health at the end of eight days."

"Case VIII. Feb. 28. Mrs. V., æt. 22, primipara. Had been in labor since evening of the 26th inst. The cervix, dilated to size of a two franc piece, was thin and rigid. Since the evening of the 27th inst. she had been in the same condition. She had had administered to her a tepid bath, opiates and emetics, without any result.

"8.05 A. M. Three grammes (45 grs.) of chloral hydrate given, the pulse beating 100 per minute.

"9 A. M. Sleeping. Pulse, 90.

"9.10 A. M. Patient continues sleeping. Pulse, 88.

"9.40 A. M. Patient is aroused for a moment; she had a few slight pains and almost immediately sleep again supervened.

"10 A. M. Cervix in same state; sleeping lightly.

"10.13 A. M. Patient agitated a little during a contrac-

tion. One gramme of chloral given. The patient had now taken four grammes in an hour and a half.

"After the last dose she fell asleep again profoundly. The sleep was prolonged till 3 o'clock, at which time dilatation was complete, and the expulsive pains commenced and delivery was rapidly terminated without pain. Recovery complete."

"Case X. Rosalie B., æt. 25 years, primipara, in perfect health, arrived at full term without a single accident. The day previous, 3 P. M., she began to experience the first pains, which lasted throughout the night, causing her to cry out. At 8.30 A. M. on the day following, the cervix was completely dilated, the head, fixed, was engaged in the superior strait in the first position.

"The contractions were irregular and weak. The labor had not progressed since 5 A. M. Four grammes of chloral were given; the first two at once, and the last two separately, a quarter of an hour apart; after the second dose the patient slept and had only one contraction, which did not awaken her, between that and the third dose. After the fourth dose, powerful contractions came on very regularly every five minutes, without arousing the patient, and at the end of thirty-five minutes delivery was completed without her remarking it. At the moment of delivery she pretended not to have suffered and then fell asleep and slept five hours, waking perfectly refreshed. The sequences were as usual, and she left the hospital on the tenth day after confinement."

"Case XII. Céleste K., æt. 24 years, primipara, entered the hospital Dec. 4, 1873; is at full term, which she reached without any accident. The pains began two days previous, and waters had escaped twelve hours previously.

"This woman, very nervous, was continually crying out and tossing about on the bed; she said she suffered much; contractions irregular; cervix completely dilated, breech presentation; first presentation at the superior strait.

"8.40 A. M. Two grammes of chloral given at once.

"8.55 A. M. No effect; two more grammes given.

"9.05 A. M. No effect; perhaps there is a slight tendency to sleep and the cries a little less violent, but the contractions are not at all modified. One gramme more given.

"9.15 A. M. A little tendency to sleep. One gramme more given.

"9.25 A.M. No complete sleep yet; the seventh gramme given.

"9.45 A. M. After the last dose the patient fell into a profound, very calm sleep; the pulse which had been 120 beats per minute, fell to 80; respiration calm, but the uterus did not contract.

"9.50 A. M. Contractions violent, without arousing the patient. From this moment the contractions became regular and powerful; at first every six minutes, then every five minutes, and the delivery was consummated without intervention at 11.10 A. M. The patient was not conscious one moment. She slept till 2 P. M., at which time she awakened and said she remembered nothing, and had not suffered any. Recovery was rapid."

An attentive reading of the above given cases, will convince any one that this drug administered as shown, places in the obstetrician's hands a help scarcely second to chloroform, and one free from the objections of the latter, which every one knows "prolongs the labor" by rendering the pains less effective. The author claims for this drug, that it not only does *not* protract labor as chloroform does, but it positively *increases* pains, steadies irregular, ineffectual contractions, and at once converts them into forcible, expulsive uterine efforts. To carry conviction still more forcibly to his readers, the writer details two experiments, on bitches, performed by M. Pellissier. The dogs were fastened to the operating table, the abdomen opened and at first the contact of air sufficed to produce contractions of the unstriped fibres of the intestines and uterus. Pinching these or-

gans produced violent muscular contractions. Into one animal chloral was injected till profound sleep was produced. "Anæsthesia was complete; the nose and tongue were pinched without producing a single movement." Slightly pinching the uterus produced contraction promptly. Into the other bitch laudanum was injected subcutaneously; soon "very profound sleep, with violent dyspnœa, was produced." Upon pinching, the intestine and uterus contracted, "but they had to be observed with the *utmost attention* to see these contractions, since they were *scarcely perceptible.*" After these experiments, both animals recovered; this fact is mentioned purposely, to assure any incredulous reader that these experiments were not prosecuted on moribund subjects.

Obstetrical anæsthesia involves two points, viz., *abolition of suffering* and the *maintaining the integrity of the uterine contraction.* The former any observer will concede. As to the second point, the writer triumphantly remarks: "Case XII, for example, is one of the best examples we can take. What does this case show us? We have a very nervous, fatigued woman; the presentation is bad, the labor of long duration; the pains succeed each other rapidly and are ineffectual. Chloral is given. Immediately the uterus ceases to contract, and, one would believe, that, at the same time that anæsthesia is induced, the medicament had arrested the uterine contractions. But the illusion is not of long duration; to the painful, powerless contractions which the patient suffers, regular energetic contractions succeed, which are produced without pain, and, in a short time, accomplish the expulsion of the child. If we analyze the twelve cases, *in extenso*, we see, with few exceptions, the same thing produced in all the cases."

"We now believe it to have been fully established, that chloral hydrate, which is capable of producing in the highest degree, cutaneous anæsthesia, can as effectually produce an annihilation of the pains of confinement; that this suppression of pain is not due to the diminu-

tion of uterine contractions, either in their intensity or frequency; that the latter (the pains) upon the contrary conserve their power; that they seem for a few moments to be retarded, and that what they lose in frequency they gain in force. This important verification explains why some authors have believed that chloral acts directly upon the uterine fibres as an excitant; it explains why M. Lambert, without enunciating a similar opinion, could terminate his essay by saying, 'that by the use of chloral, labor is not only *not* retarded, but it is often accelerated.'"

II. *Effect on Mother and Child.*

It is well established that chloral does not diminish the contractions nor retard labor. M. Pellissier has always examined with great care the children born of chloralized mothers, and "has never seen the former show in the least degree the effect of the hypnotic and anæsthetic agent. He has never seen the milk of the mother, given to the infant almost immediately after birth, produce the least hypnotic effect." He affirms, after using it many times, that "chloral administered in a prudent manner and in proper doses, is an agent of absolute innocuity."

The author has been impressed with the "rapidity of recovery" of the women, chloralized. He admits that his collection may have been "a happy series" of cases, and this rapidity exceptional, rather than the rule. If it be the latter, he suggests two solutions, inclining to the latter. 1st. It may be owing to the escape of the mother from the great fatigue of labor. 2nd. It may be owing "to the destroying or neutralizing of the septic products absorbed by the placental wound." Since chloral solutions are applied to ulcers and wounds on account of the antiseptic, antiputridic properties of the drug which are now well established, the author suggests that, during the first few hours after expulsion of the fœtus, the chloral in the blood acts as a disinfectant. He advances this suggestion "with the most extreme reserve," and promises to make this point a special study.

III. *In what cases, when, in what dose, and by what channel ought it to be administered.*

"Chloral ought especially to be given in too prolonged confinements and in primiparas, for then the pains have an intensity that will be found only exceptionally in ulterior confinements." "It often occurs that, the pains being very intense, the patients, when they are nervous, are exhausted by their inutile efforts, and that at the moment when they especially need all of their forces for the last expulsive pains, they are fatigued and the womb ceases to contract. In these cases, chloral, which procures repose and rescues the women from exhaustion, would be expressly indicated."

"It will be still more appropriate in nervous women, who toss about and complain beyond measure. If anæsthesia can be induced in such patients, the moment of delivery will be remarkably hastened."

"In hysterical females, who are so often attacked at the moment of parturition, chloral can be used with success."

After pains can be controlled with chloral.

At what time of labor ought chloral to be used? As a general proposition, the author would recommend that it be given "when dilatation is complete, and when the expulsive pains have commenced." . . . "It is only in very rare cases and when the woman suffers much that we would be authorized in giving it during the period of dilatation."

The dose will vary, "according to the moment of giving it, the susceptibility of the patient and the effect desired." The dose varies from 60 to 80 grains, given in 30 or 40 grs. at an interval of 30 minutes, or, in 15-grain doses every 15 minutes, till the effect is produced.

When the stomach will not retain it, the rectum should be resorted to. The hypodermic and intravenous uses of chloral the author would not recommend.

II. Gynecology.

1. *Methods of rendering the Female Urinary Bladder accessible, and on Probing the Ureter in Woman.* Prof. Simon, of Heidelberg. Translated by Aug. C. Bernoys, M.D. (*N. Y. Med. Jour.*, October, 1875.)

The professor enlarges upon and explains his methods, first communicated to the public by his pupil, Wildt, in the *Archives of Clinical Surgery* (v. 18, p. 167).

The methods heretofore pursued are (*a*) bloodless dilatation of the urethra, (*b*) urethrotomy, (*c*) vagino-vesical section, (*d*) vestibular section, and (*e*) the suprapubic stone operation. The first and third methods will probably alone survive for removal of stone and effective local treatment in other diseases. In the first method, gradual will have to yield to rapid dilatation.

The proposed exploratory method consists of three acts, viz: the slitting of the urethral orifice, the dilatation of the urethra itself by plug-shaped specula, and the subsequent bimanual digital palpation of the bladder. It is called bloodless, because, although small splits are made at the edge of the orifice, the dilatation of the urethra itself is accomplished without loss of blood.

Two lateral incisions of ¼ ctm. are made in the upper margin, and one downward of ½ ctm. in depth. If needful the stretched tissue is easily split further by using speculum or finger as conductor. In consequence, the finger penetrates more deeply: that is from ¼ to ½ of a centimetre, *to which extent the urethra has been shortened.* Incontinence does not result, as the muscular fibres are undivided. This slitting is done best with scissors. In the second act, the smooth plugs are far preferable to the wrinkled finger. They are made of hard rubber, cut off straight at the point, and shutting with a rounded mandrin. Seven sizes are used: the smallest ¾, the largest 2 centimetres in diameter. They are also specula. After them follows the finger.

On passingthe forefinger, (for which no rotatory motion (Heath) is requisite), the middle finger of the same hand is introduced into the vagina; and the two advanced

until the margin of the urethro-vaginal septum presses against the digital commissure. The middle finger, if doubled into the hand, will impinge upon the labia, and advance will be retarded by one centimetre. The vesical apex is then pressed against the exploring finger, with the other hand. Its inverted mucous surface is thus directly explored by the finger.

Dilatation may be effected with plugs of 1.9 to 2 centimetres in diameter (6 to 6.3 in circumference) without danger of resulting incontinence in adults. The operator's finger measures at base not quite 6 centimetres in circumference (1.8 in diameter). By the side of this, in three instances, he has introduced spoons and fingers into the bladder—the stems lying in the urethra next to the finger. The circumference was thus increased to 6.5 and 6.8, and in changed positions it amounted to, at the most, 7 centimetres. In girls, 4.7 to 6.3 centimetres in circumference, are the measures inside of which the surgeon should confine himself.

The professor states that after convincing himself of the perfect safety of the performance, he did not think it wrong to make the exploration in such women as volunteered for the purpose ; and that he has practiced digital palpation in over sixty cases in Heidelberg during the last two years and a half. The profession at large will hardly assent to the propriety of such expedients in any case when entirely needless.

Vesico-vaginal section is performed by making a *transverse* incision, 3 ctm. in length, into the anterior vault of the vagina, one-fourth to one-half ctm. in front of the anterior lip of the os uteri. By *this means the bladder is introverted through the incision into the vagina, and even into the vulva itself.* Occasionally the opening was made T shaped, by a second incision carried at right angles toward the urethra. Introversion was effected by a fine double hook, inserted into the vesical mucous lining, with conjoined pressure from above. Hæmorrhage is stopped by torsion or ligature. The bladder is thus

made so completely accessible, that the most complicated and difficult operations are performed with as much facility as if on the surface of the body.

Subjoined are the indications for the operation, space forbidding the author's comments on each :

1. Diseases of the mucous membrane requiring diagnosis. 2. Stones and foreign bodies, (diagnosis and extraction). 3. Cauterization for inveterate vesical catarrh. 4. Urethral fissures. 5. In kolpo-kleisis with defect of vesico-vaginal septum. 6. Diagnosis of seat and extent of growths and tumors in that septum. 7. Extirpation of tumors (especially papillomata) from vesical membrane. 8. Discovery, extraction or excision of renal calculi, from the vesical part of the ureter. 9. Opening of hæmatometra, when puncture is impossible or too dangerous between the bladder and rectum. 10. Cure of colo-vesical or entero-vesical fistula, by cauterizing the vesical orifice of the fistula.

Subjoined are the indications for kolpo-cystotomy :— 1. Large stones with great sensibility of bladder. 2. Production of direct escape of urine, in inveterate vesical catarrh, with ulcerations of mucous lining. 3. Extirpation of tumors and excrescences, situated so high in the lateral parts of the bladder, that they cannot be made directly accessible through the dilated urethra alone. 4. Cure of colo-vesical or entero-vesical fistulæ, incurable by cauterization after urethral dilatation.

The probing and catheterization of the ureter from the bladder, after the dilatation of the urethra described above, is a procedure the credit of which Professor Simon can alone claim. At the risk of unduly prolonging this abstract, we give the *ipsissima verba* of the translation :

"After the urethra is dilated in the above-described way, we search for the ligamentum interuretericum with the finger. This ligament is about one inch from the sharply-marked internal orifice of the urethra ; in the middle it is usually so little prominent that it can only be distinguished by experienced explorers. Around the

orifice of the ureter, which is one-half to three-quarters of an inch away from the middle of this ligament, the muscular coat of the ureter, which ends in the interureteric ligament, forms a kind of a pad, and is easy to distinguish. The orifices on these pads are very thin slits, and, since they have only very narrow edges of mucous membrane, they are imperceptible to the touch. On account of this, the third act, viz., the introduction of the probe, is rendered more difficult. In order to effect it we must fix the "Harnleiterwulst" (the vesical fold where the orifice lies) with the finger in that region where the orifice must be situated, and then push the head of the probe, which lies close to the side of the finger, toward this region in the direction of the ligamentum interuretericum from the inside and below, upward and outward. The handle of the instrument must be led to the opposite side and at the same time be raised up against the arcus pubis, in order that the head of it may not glide off from the very steep trigonum. By slightly pushing we try to introduce the head of the probe into the orifice of the ureter. If the probe does not go into the orifice, it will be arrested by the walls of the bladder; but if it enters, it can easily be pushed on in an upward and outward direction. The inlying finger tells whether the probe has remained in the cavum vesicæ, or whether it has really entered into the orifice. In the latter case, we feel the probe covered by mucous membrane for a few centimetres, and we can feel the borders of the orifice all around the probe. If we wish to sound the pelvis of the kidney, we have only to push the probe on in a lateral direction until at a height of seven to eight centimetres, and we strike the brim of the true pelvis (linea innominata). Now it becomes necessary to move the handle of the probe to the inner face of the thigh of that side on which the ureter is probed, and to incline it so that the inner end of it is placed parallel to the vertebral column, and the head directed more toward the anterior abdominal coverings. In this direc-

tion the probe advances very readily into the upper end of the ureter and the pelvis of the kidney. If the catheter has been used instead of the probe, the urine will now ooze out drop by drop, or sometimes it will spurt out in a stream at intervals of a half to one minute."

The probe and catheter used are as thick as common fistula probes, and are 25 centimetres in length. The handles are movable, and fastened with a screw to aid in lengthening or shortening them. The metal used in their construction should not be too flexible. Elastic instruments are proscribed. The probes are more easy of introduction than catheters.

The process may prove useful in nephro-lithiasis, and in diagnosis of unilateral renal disease, being an improvement upon the method of Tuchmann of London.

The professor has now employed this method in about twenty-four cases.

2. *Hysterotomy in the Treatment of Uterine Fibroid Tumors.* Pozzi, S. (Reviewed in *Le Progrès Médic.*, Aug. 14.)

The following are the author's conclusions :

1. Abdominal hysterotomy in the treatment of fibroid tumors of the uterus, is, though yet quite novel, perfectly justifiable in many cases, and deserves a definite rank among the operations of surgery.

2. There is no comparison between the indications for gastrotomy in cases of fibroid uterine tumors, and for ovarian cystic disease. The fatal tendency in the latter class of diseases, calls for and justifies an operation in the larger number of cases, which is not indicated in the immense majority of large fibroid tumors.

3. The operation should be reserved for fibroid, or fibro-cystic tumors of rapid or excessively rapid evolution, and accompanied by dangerous symptoms.

4. The fibroid tumors, which are larger than those referred to above, even when they produce alarming symptoms, require less heroic treatment. Their natural tendency to decrease in size or to establish toleration of their presence, is well recognized. Experience has dem-

onstrated that an expectant treatment in these cases, is followed by less mortality than operations for hysterotomy.

5. When, in consequence of an error in diagnosis, gastrotomy discloses a uterine tumor, and not an ovarian cyst, ablation is preferable to leaving the operation unfinished, even though the fibroid tumor be not pediculated.

Under the head of cervical hysterotomy, the author includes simple division of the neck; incision followed by enucleation where the tumor is developed in the tissue of the cervix; and lastly, complete amputation of the cervix when it encloses in its substance a largely developed fibroid tumor productive of true hypertrophic elongation.

Intrauterine hysterotomy first described by Velpeau, first practiced by Amussat, finding but little favor with the French and enthusiastically adopted by the English and Americans, is described according to the procedure of Marion Sims.

III. Cutaneous Diseases.

1. *Elephantiasis Arabum.* Fayrer, Jos., C. S. I., M.D., F.R.S.E. (*Practitioner*, Aug., 1875.)

The disease is defined to be a non-contagious malady, endemic in certain localities, generally intertropical and near the sea-coast, characterized by recurrence of febrile paroxysms, attended by inflammation and progressive hypertrophy of the integument and areolar tissue, chiefly of the extremities and genital organs; and occasionally by swelling of the lymphatic glands, enlargement and dilatation of the lymphatics, in some cases by the coexistence of chyluria and the presence in the blood of certain nematode hæmatozoa; the hypertrophy of the integument resulting in enormous enlargements of the scrotum or labia, accompanied by an albuminous deposit in the cells of the areolar tissue, and by degeneration of the muscular and osseous tissues.

The outgrowths are viewed as local expressions of a constitutional disease, cases undoubtedly occurring where the reverse is true, as in Europe and elsewhere. Malarial influences are presumed to play an important part. Both sexes, and persons of all ages and conditions of life, are liable to the affection, which is, however, most common in adult and middle life. Sometimes the general health seems unimpaired, while again there is recurrence of fever once or twice in the month. The average duration of the disease, in 636 cases, was 11½ years, the youngest patient being nine years of age and the oldest eighty. It had, apparently, but little tendency to shorten the duration of life, while not only in mechanical but in general cachectic influence, it diminished the power of procreation.

The author agrees with Lewis in referring to a common etiological origin, elephantiasis, chyluria and disordered conditions of the lymphatic system. The last named writer is disposed to believe that the *Filaria sanguinis hominis*, a small nematode entozoon, is intimately associated with the three classes of disorders when occurring in tropical latitudes. The parasite is enclosed in a tubular sheath, within which it elongates or shortens itself, having the average diameter of a blood corpuscle and an average length forty-six times that of its greatest width. It is smaller but more allied in embryo to the *Filaria medinensis* than to the larvæ of *Trichina spiralis*.

The microscope disclosed, chiefly, an hypertrophied areolar tissue in the sections examined.

2. *Tar in Psoriasis.* M'Call Anderson. (*Brit. Med. Jour.*)

Objection is made to the conclusion reached by Balmanno Squire that "tar taken internally has no effect in curing psoriasis." After many years of experience the author has come to regard it in the light of one of the most valuable remedies we possess in the treatment of that disease. Not only in mild, but in obstinate cases, after

long courses of arsenic have been vainly tried, is its use beneficial. He ordinarily begins with two minims, three times a day, in a teaspoonful of treacle, and, if necessary, increases the dose to half a teaspoonful, or even more. The smaller dose is advised at first, since in certain cases there is intoleration of the remedy, and in others, digestive disturbances, fever and bright red exanthem.

He also testifies to the virtues of the remedy in catarrh of the bronchial tubes (Ringer) and in chronic affections of mucous membranes, and deems it remarkable that a remedy once so highly esteemed, should, as an internal medicine, have fallen into such disrepute in our own time.

3. *Non-specific Rupia prominens.* Godon. (*Medical Record*, Sept. 4.)

A conical crust or scab on the left side of the external surface of the prepuce, was observed in a patient 23 years of age. Dark blue rings, with a lighter-colored interspace, were surmounted by a thick, hard, dark, bluish cap. The base secreted a mass of yellow pus, confined and supported by a thin film. At right angles to the base, ran darkish streaks on the film, through which pus oozed. The base was surrounded by a pinkish and inflamed margin, about a quarter of an inch or less in width, which did not implicate the healthy skin. Vertically, the crust measured three-fifths of an inch; the circumference, one inch and nine-tenths. There had been no sexual intercourse for two months and a half; one year previous there had been gonorrhœa. The patient was fair, pale, with a large head and prominent forehead, and was evidently scrofulous. There had been pre-existent rheumatism. History and signs of syphilis were all wanting. On the removal of the crust, sanious, yellowish-gray pus was found in quantity beneath.

The case is interesting in view of the fact that dermatologists are not agreed as to whether rupia is, or is not, an exclusively syphilitic lesion.

4. *Multiple Cutaneous Sarcomata.* VIDAL. (*Le Progrès Médical*, July 31, 1875.)

A patient was exhibited to the Biological Society, upon whose skin reddish maculæ first appeared and gradually became converted into ulcerative tumors, similar to others which had previously existed upon the glans penis and prepuce. After division they assumed the phases of repair, but when subjected to friction they became covered with a dense epidermis. The patient had survived the two or three years which constitute the usual duration of the disease, and his general health was unimpaired. Under examination, the tumors exhibited the characteristic structure of fasciculated sarcoma.

5. *Local Treatment of Cutaneous Diseases.* BRAME of Tours. (*Le Progrès Médic.*, Aug. 28, '75.)

All cutaneous disorders are local and curable by local applications; chiefly by coal-tar, the iodide of silver and white precipitate. Tinea is relieved without resorting to epilation. The author was less successful in psoriasis. He believes that all these disorders result from chronic superficial lymphangitis, his conclusions being based upon examination of 1,500 cases. Verneuil, in commenting upon the above, properly insisted that, if all the diatheses were to be excluded from the etiology of cutaneous diseases, syphilis should certainly be excepted.

6. (A) *Goa Powder and Poh di Bahia in Eczema Marginatum.* THIN. (*The Practitioner*, July, 1875.)
(B) *Goa Powder.* FERRAND. (*La France Médicale*, Sept. 1, 1875.)

(A) Köbner discovered the tricophyton tonsurans in the epidermic scales of eczema marginatum, and considered the disease to be ringworm modified by its occurrence in a humid and heated locality. Hebra, while admitting the occasional existence of the parasite, describes eczema marginatum as characterized by a hard, raised, infiltrated margin, most commonly curving downwards on the inner surface of the thigh, or backwards

over the hips. It may also be found independently elsewhere. It is easily distinguished from ringworm by its objective features, and the results of treatment.

Dr. Thin, while in Shanghæ, frequently found ordinary ringworm disappear under the use of simple remedies, while the marginate eczema required months of treatment; and then almost invariably there was relapse. He distinguishes a wide difference between the two affections, and considers that the rarity of the last named disease in England and throughout Europe, has contributed to the adoption of Köbner's view. In China, practitioners have no hesitation in making a like distinction; eczema marginatum with them resisting anti-parasitic treatment.

Dr. Henderson, of Shanghæ, informed him by letter, that the profession in China were at last able to cope with the disease by the aid of a secret remedy, Goa powder, which was speedily becoming popular. Dr. Thin gives interesting details, in the case of a gentleman who got Burmese or Chinese ringworm in Singapore, and was relieved by both the Poh di Bahia and the Goa powder. A specimen of the drug obtained in London did not answer the purpose; it was supposed to have lost its efficiency from age. This patient preferred the Poh di Bahia to the other, as less irritating and more speedy in its effects.

(B) Ferrand reports that Goa powder first appeared in Europe in 1866 or 1867, and that Blanc, a surgeon of the English army in India, called attention to the value of the remedy in tinea circinata. From him M. Gubler obtained a specimen of the drug which he has analyzed.

Acording to Attfield, chrysophanic acid constitutes nearly 80 per cent. of the powder; the remainder being composed of two principles, one bitter, the other sweet and resinous. It is generally supposed to be the powder of a lichen exported from Mozambique. Others believe it to be the dried product of one of the leguminosæ. Gubler dissents from these opinions.

The specimen obtained from Blanc, and that exhibited to the Pharmaceutical Society by Limousin, were resinous to the touch, yellowish gray, insoluble even in warm water which they slightly discolored, and in muriatic acid. They were readily dissolved in benzine, ether and chloroform. Solutions in the two last named vehicles, were of a beautiful emerald green hue. Alkalies—and the fixed alkalies in particular—readily dissolved the powder. The solution, which is at first brown, assumes, after contact with the air, a superb purplish red color, the ammoniacal solution slowly turning to a violet shade. The dry powder warmed in a tube volatilizes, the vapor condensing in minute crystals upon the glass. If the heat becomes excessive, a black residuum is left after the disengagement of empyreumatic products. The residuum afterward is readily dissolved in chloroform, with production of a green shade. These are the reactions of chrysophanic acid.

Under the microscope, resinoid concretions of irregular concave or mammillated surface, and of various thickness, showed evidence of mechanical fracture. A superficial violet-colored pellicle, with distinct points of metallic lustre, covered an inner, pale yellow layer of friable, homogeneous and delicate texture. There was no debris of tissue, vessels or histological elements.

The woody fragments were covered with a dense layer of amorphous, resinoid substance, occasionally appearing like a delicate crystalline crust of a bright yellow shade. Microscopically, the prismatic, elongated or rhomboidal crystals all resembled those of chrysophanic acid, with which evidently the wood was not only covered but penetrated, in ligneous fibres and cellules.

In short, the two specimens were identical in composition, and, though it is not certain, it is at least probable that Goa powder is derived from a species of cassia—perhaps a senna—which is known to contain chrysophanic acid, and is used in the Orient to relieve various parasitic cutaneous diseases.

IV. Surgery and Otology.

1. *Rupture of External Iliac Artery.* John Ashhurst, Jr., M.D. (*Phila. Med. Times*, Aug. 21, 1875.)

An engineer, 39 years of age, applied for admission to the Episcopal Hospital, on June 15, saying that one week before he had, in trying to board a railway train, slipped and fallen backward, striking a rail and receiving a severe blow in the region of the lumbar spine. Slight inconvenience from the injury was experienced at the time, but the next morning the patient felt stiff, and had a good deal of pain in the back. When admitted to the hospital he walked without difficulty and was considered to be suffering merely from a contusion or sprain of the lumbar muscles. On the following day, the patient was in much the same condition and gave no evidence of having received any serious injury. On June 17, I found the patient in a cold sweat, and then learned that a similar "sinking spell" had occurred on the preceding day, but had passed off in a short time. The patient complained of pain in the left side as well as in the back, but there was no tenderness on palpation. The left common femoral artery was observed to be pulsating with great force. On June 18, the patient was almost in a state of collapse, bathed in a profuse, cold sweat, with rapid respiration and with a pulse running at the rate of 120 or more beats in the minute; he had more pain, still referred to the back and left flank, and vomited a little after taking food. There was no tympanitis and no general abdominal tenderness, and the tongue was moist and clean. Pulsation in the common femoral artery was now rather feeble, but a marked pulsation in the epigastric region was perceptible both to sight and to touch; auscultation, moreover, revealed a bruit, not however, of a very decided character, and not propagated for any great distance along the course of the aorta. There was no bruit in the iliac region. Careful examination failed to discover a tumor in any part of the

abdomen, though there was a slight fullness in the left flank. On June 19, there was a good deal of tympanitis, but no general abdominal tenderness; vomiting had ceased; three copious fecal evacuations followed a simple enema. That which the day before was only a fullness in the left flank, now appeared to form an elongated tumor; the pain and tenderness on the left side were still increased. Patient died, and a post-mortem examination was made the next day. On laying open the abdomen, recent peritoneal adhesions were found upon the left side, and beneath the peritoneum was found an enormous clot, filling the left vertebral gutter from the pelvis to the diaphragm, and above, turning inward and compressing the aorta. The clot having been removed, the source of bleeding was found in a rupture of the left external iliac artery, about half an inch below the bifurcation of the common trunk; both ends of the vessel were retracted, though held together by a portion of the external coat of the artery, and the distal end was partially occupied by a well formed coagulum. An incomplete rupture of the external iliac artery no doubt occurred at the time of the patient's injury; the bleeding was temporarily arrested, but recurred on the eighth or ninth day; the blood found its way upwards, dissecting up the peritoneum (giving rise to the steadily increasing pain, and ultimately leading to peritonitis) and finally impinging upon the aorta, thus by pressure producing the pulsation and bruit.

2. *Fusiform Aneurism of the Anterior and Posterior Tibial Arteries.* De Forrest Willard. (*Phila. Med. Times*, Sept. 25, 1875.)

The following case is published as another evidence of the superiority of compression over ligature. A shoemaker, aged 66, began in June to complain of pains in both legs below the knees. They gradually increased and became almost unendurable. On July 10, pulsation of the calf of the left limb was noticed for the first time, and on the 15th the following notes were taken: "The

hand placed upon any portion of the leg from the insertion of the soleus upon the tendo Achillis, to the knees, perceives most decidedly the characteristic thrill, while the fibula is forcibly thrust against the finger. There is no well defined and limited tumor, but a general enlargement of the entire leg. The pulsation is strongest over the lines of the two main arteries, and the ear along their course, plainly detects a loud bruit. There is no undue pulsation of the popliteal, nor do the thrill and bruit extend to that artery. The dilatation evidently commences just at the point where the bifurcation occurs. Both arteries are largely dilated, but taper towards the ankle, where the normal calibre is resumed. Pressure upon either the femoral or popliteal artery entirely arrests all pulsation, thrill and bruit, and also relieves the pain." All arteries are atheromatous; and the patient is suffering from albuminuria of long standing. Ligation would have been, at best, dangerous; digital compression of the femoral artery was therefore advised, and commenced upon the 17th of July; and uninterruptedly continued until the end of fifty-five hours. The thrill ceased at the end of twenty hours, and the pulsation stopped at thirty-six hours. Sixteen persons were alternately engaged in performing the compression.

3. *Treatment of Varix by Local Application of Perchloride of Iron.* Dr. Linon. (*L'Independente; N. Y. Med. Journal*, Oct., 1875.)

Dr. Linon (Verviers) has for three years treated varix with great success by the local application of perchloride of iron. He used a solution of the strength of six grammes in two hundred of water (about 1¼ drachms in 6⅔ ounces). Compresses of flannel are to be wrung out in this fluid, and applied to the parts with a moderately tight bandage. These applications should be renewed for seven or eight days consecutively, after which the bandage should be continued without further wetting with the solution. After a time, the solution is again

used, and the bandage is then applied and left till the varix has entirely disappeared, which generally occurs in one or two weeks, according to the extent of the swelling.

4. *Treatment of Ununited Fractures.* SPENCE. (*British Med. Journal*, Aug. 14.)

Discussing the various operations for the cure of ununited fractures, at a meeting of the British Med. Assoc., Prof. Spence said: "There is a method of treating ununited fractures, especially at an early period, which I do not think has had sufficient notice taken of it, nor been sufficiently or fairly tried; I mean the plan proposed and practiced by the late Professor Miller. The method consists in entering subcutaneously a long, narrow but strong knife; passing it on to and between the ends of the ununited bone, dividing freely the fibrous union, scraping the ends of the bone, and slightly separating the periosteum; then the limb is carefully and firmly bandaged, and placed in appropriate splints. I know that this plan has never had much favor; perhaps it seemed too simple to effect the purpose, and it was derided and declared to be inefficacious by some who professed to have tried it. But I also know that I have frequently used it, and have generally found it successful when the knife has been effectively used, and the after-treatment carried out carefully. I have, indeed, so strong an opinion of the efficacy of this method in comparatively recent cases, that I do not think it warrantable to proceed to severer measures until this simple one has been fairly tried, and I purposely mention it here to press it on the attention of the profession."

5. *A New Method of Preparing Plaster of Paris Bandages.* ED. J. FORSTER. (*Boston Med. and Surgical Journal*, Oct. 7, 1875.)

To simplify the preparation of such bandages, Forster had a pan made, into which could be inserted the common bandage roller. The pan is partly filled with the dry plaster; and, when the bandage is rolled, it will be

covered on both sides with the plaster, and the latter is evenly distributed and forced into the meshes of the cloth by the rod of the roller under which the bandage passes. The method is distinguished by the ease and neatness with which a bandage can be prepared.

[From our own experience we can highly recommend this method, for we have seen it employed in the University Hospital, at Heidelberg, in 1862.—ED.]

6. *Sulphuric Acid in the Treatment of Boils.* DR. M. MARSH. (*Practitioner*, Aug., 1875.)

Dr. Marsh has used sulphuric acid, which he regards as almost a specific for boils, with constant success for twenty-five years. "As soon as the patient applies for relief, I put an adult on elixir vitriol, 20 drops, three times a day, in a glass of sweetened water, one hour before meals, previously smearing the teeth well with fresh butter, in order to protect them. This is much better than sucking through a quill, and is a perfect protection, if the teeth are subsequently washed with a solution of bicarb. sod., a heaped teaspoonful to a glass of water. In the use of sulphuric acid the boil will soon melt away and disappear, no more to reappear. The acid should be kept up in ten-drop doses for at least two weeks after the boils have disappeared. To afford relief from pain and soreness, I apply a piece of common adhesive plaster, cut round, sufficiently large to cover the tumor, clipping the edges so that it will set smooth."

7. *Foreign Body in the Larynx.* L. SCHROETTER. (*Ohio Med. and Surg. Reporter*, Sept., 1875.)

The following case, related by Dr. L. Schroetter, in his lately published "Report of the Clinic for Laryngoscopy at the University of Vienna," is most extraordinary. A very intelligent man noticed at breakfast that his false teeth (four upper incisors attached to a gold plate) were missing. When he began to search for them, he felt for the first time some obstruction in the throat

and some difficulty in breathing, and then concluded that he must have swallowed the teeth during the night. He had taken on the previous evening only a light meal, without much alcohol. Dr. S. saw the patient the same day. Laryngoscopic manipulation was difficult, and a superficial examination showed nothing abnormal. The foreign body was therefore supposed to be in the œsophagus, but in passing a probang nothing was brought up. A very careful examination of the larynx was made, and after several trials a foreign body was seen under the vocal cords, and soon the plate and two teeth were made out with certainty. S. urged immediate laryngotomy, but Dr. Czerny thought that as Schroetter saw the foreign body so clearly, he might first attempt its removal through the mouth by the aid of the laryngoscope. S. consented, and appointed 5 P. M. for the operation. However, when he returned at that hour, he learned that during his absence the dyspnœa had increased so rapidly that Dr. Czerny had been hastily summoned about 2 P. M., and had been obliged to perform laryngotomy at once, the patient's breathing being suspended during the operation. On dividing the cricothyroid membrane, the point of the bistoury struck the artificial teeth. An attempt was made to remove the foreign body through the wound, but not succeeding in this, Dr. Czerny forced it up through the glottis and removed it through the mouth. The patient wore a tube for thirteen days, and made a good recovery.

8. *Tinnitus Aurium.* SAMUEL THEOBALD, M.D. (*Trans. Med. and Chirurg. Faculty of Maryland*, April, 1875.)

Imaginary sounds are a symptom common to almost all, and peculiar to none, of the diseases of the ear; and besides, a long list of pathological conditions of a more general character, and of constitutional disturbances, might be given, in which the tinnitus aurium often plays a prominent rôle. The theory at present generally accepted to account for the tinnitus aurium is, that it

caused by abnormal pressure upon the peripheral expansion of the auditory nerve in the labyrinth, such as would result from the stapes being pressed in upon the labyrinthine fluid. Where the presence of this symptom cannot be attributed to this cause, as is often the case, it is customary to assume the existence of a morbidly increased irritability of the auditory nerve, an irritation of the auditory nerve, whether of its trunk or its terminal expansion in the labyrinth. Dr. Theobald now thinks, in the first place, that the tinnitus is invariably due to an excitation of the *terminal* elements (not the trunk) of the auditory nerve, and, after a careful consideration of the various physical, anatomical and pathological facts which seemed to have any bearing on the subject, he has been led to the conclusion, "that, in almost all cases, tinnitus aurium, whether associated with aural affections, cerebral diseases or constitutional disorders, is to be attributed to the existence of *vibrations excited in the walls of the blood-vessels of the labyrinth, by the friction attending the circulation of the blood*, which are capable of imparting to the labyrinthine fluid, and thence to the terminal fibres of the auditory nerve, impulses similar in character to those which are produced by the vibrations of the stapes, and hence, like them, capable of giving rise to the sensations of sound.

The vibrations of these vessels can produce a sensible impression upon the auditory nerve in two ways. First, the intensity of the vibrations may be increased. Second, the vibrations remaining unaltered, their effect upon the nerve may be magnified by reflection and concentration or by resonance. The first condition will obtain whenever the natural and easy flow of the blood is perturbed, as for instance in hyperæmia or anæmia of the labyrinthine vessels, by partial compression of the vessels by inflammatory or other causes; especially by an incursion of the stapes by which the tension of the labyrinthine fluid is increased. By the second mode—reflection or resonance—the tinnitus is produced, which accompanies the

affections of the middle and external ear. The conducting apparatus of the ear is defective; therefore sonorous undulations from without, fail to reach the auditory nerve, and, on the other hand, sonorous vibrations arising in the ear are not allowed to escape; they are reflected, concentrated, and their sound magnified. The experiment with a tuning-fork is referred to for demonstration. If it is placed upon the middle of the forehead and one ear closed with the finger, the sound of the fork will be heard only by this ear and much louder than before.

V. Practical Medicine and Pathology.

1. *Non-Malarious Origin of Intermittent Fevers.* Thos. H. Streets, Asst. Surgeon, U. S. N. (*Phil. Med. Times*, Sept. 18th.)

Several cases of intermittent fever occurred on board the steamer "Portsmouth" during her recent cruise, under such conditions as led to the belief that they were caused by other agencies than malaria. He thinks these were atmospheric changes, thermometric and barometric, as these always preceded or accompanied the attacks. Passing from the tropics to latitude 40° S., and encountering fogs and damp, chilly weather, cases of intermittent fever appeared. When cruising eastward of the Sandwich Islands, the steamer passed from mild weather into a cold polar current, with moisture from condensation, cases of intermittent suddenly appeared on board. At the same time there appeared cases of rheumatism, bronchitis, tonsilitis and neuralgia. At this time the ship was hundreds of miles beyond the limit of the malarial influence of the shore.

To the windward of Honolulu are numerous fields of *taro* root, which from being composed of soft mud are prolific of malaria, yet intermittent fever is rare in the town. There were no cases on board the ship while she lay at H., except when the trade winds were interrupted and the south wind brought rain. At such times there occurs influenza and tonsilitis, and the natives call these south winds, "Kona," meaning "sick-winds."

2. *Complete Gangrene of the Left Kidney.* AVEZOU. (*Phila. Med. Times; Le Progrès Médical.*)

A man of 79, with left-sided pneumonia, died in eight days. He had had for years lumbar pain on the left side, but never other symptoms that indicated kidney disease. An autopsy revealed hepatization of the left, and congestion of the right lung, with atheroma of the aorta. The right kidney appeared normal, the left was black, friable and fetid; the tissues surrounding this kidney were dark colored, its ureter was patulous, and its artery was nowhere obliterated. The microscope revealed interstitial nephritis and the alterations due to it in both kidneys.

3. *The Modus Operandi of Yellow Fever Poison.* G. M. STERNBERG, M.D. (*New Orleans Med. and Surg. Jour.*, July, 1875.)

The theory of zymosis is objected to, as wanting in substantial proof.

The hypothesis is advanced "that the first and essential effect of the yellow fever poison is to produce a disturbance of the functions of the sympathetic nervous system, and that the grave changes in the blood which occur in the course of the disease are secondary in their nature, and result from the arrest of vital processes (nutrition, excretion, secretion) presided over by the sympathetic." While during the disease blood changes occur that may account for some of the symptoms, Dr. S. is not aware that prior to, or at the time of the invasion, any such changes have been discovered as would account for the pronounced and sudden symptoms. He believes the liability to an attack as well as its severity, is largely due to the dose of the poison taken, and not wholly to the age, sex, habits, etc.; and this position, if true, is against the zymotic theory. For proof that the poison is capable of self-multiplication outside the body, he quotes Ziemssen and Reynolds, and that it is a vegetable fungus, he thinks the supposition very strong. Various poisonous fungi are known to produce their symptoms at a variable time after being taken. The poisonous mushroom

sometimes does not lead to severe symptoms for thirty hours after being eaten. The variable time after known exposure to yellow fever poison, at which the attack occurs, has always been a notable feature in this affection. The author thinks it most probable that the fungi act on the ganglionic centres indirectly, by first impressing the peripheral distribution of the sympathetic in the alimentary mucous membrane. Too small a quantity of the fungi for a poisonous effect, might easily find on the mucous membrane a nidus for multiplication until sufficient to do injury had been produced. Extensive quotations are made from standard authors on physiology and on yellow fever, to show that many of the symptoms of this disease are such as are produced by known disturbances of the sympathetic system, by various experiments, drugs, etc. Among the symptoms touched upon are, chill, rise of temperature, headache, rapid breathing and pulse, redness of the mouth and throat, epigastric tenderness, vomiting, diminished urine. These symptoms occur early in the disease; many of those occurring later may easily be produced by the disturbances in the functions taking place at beginning.

Finally, the evidence is thought convincing that the sympathetic is involved in yellow fever; that there is no proof of blood changes occurring prior to such involvement of the sympathetic, which later marks the outbreak of the disease; that the effect of the poison seems to be "a paralyzing one," causing phenomena similar to those following a division of the sympathetic in any part of the body; and that the question whether the blood is, with the sympathetic, also primarily affected, is still *sub judice*.

4. *Some Practical Observations on Exophthalmic Goitre and its Treatment.* ROBERT BARTHOLOW, M.D. (*Chicago Journal of Nervous and Mental Diseases*, July, 1875.)

This is a short paper, read before the American Medical Association. Attention is called to the fact that of the three distinctive characteristics of this affection, increased

action of the heart, thyroid enlargement and exophthalmos, one may occur—the first preferably—without the others. Dr. B. thinks many of the cases of rapid heart's action with paroxysmal palpitation are of this sort, and similar in pathology to this disease. He thinks also, many cases of so-called *goitre* "are really examples of Graves' disease—the enlarged thyroid only attracting attention." The distinction between the two is, that in goitre there is hypertrophy or hyperplasia, or both, of gland elements, while in Graves' disease the thyroid enlargement is largely due to dilatation of vessels and to hyperkinesis of the heart. In the latter, the enlargement is fluctuating; in the former, it is more continuous.

When the exophthalmos is only slight, the method of examination of von Graefe is commended. This consists in having the patient simply look down, when, if the condition exists at all, "a white rim" of the sclerotica appears below the upper lid and above the iris.

Three illustrative cases are reported. One was that of a woman of 32 years; there were paroxysms of palpitation; constant elevation of pulse-rate; intercostal neuralgia, often very troublesome; but only slight exophthalmos, and less enlargement of the thyroid.

Chalybeates and other tonics wholly failing, the constant galvanic current, with 20 cells, was resorted to regularly, the negative pole at the epigastrium and the positive against the neck. Perfect recovery resulted.

Another case was that of a woman of 54 years. There was goitre of many years standing, palpitation and increased action of the heart, large pigmentary discolorations of the skin, in spots about the neck, the sternal region and (symmetrically) on the dorsal aspect of the hands, and cachexia, but no appearance of exophthalmos.

The treatment was the same as in the first case, and recovery was nearly complete in three or four months.

The other case was that of a woman fifty years old. Here a considerable exophthalmos had appeared suddenly after a night of great anxiety. Rapid heart's action had

occurred occasionally before, and palpitation frequently followed. There was an hardly perceptible increase in the thyroid region. She was anæmic, menstruated regularly, and at these periods the protrusion of the eyes was increased.

She was treated with the constant current in the manner described. Gradual improvement followed, and recovery was complete within a year.

Dr. B. thinks *exophthalmic goitre* is, according to present knowledge, one of the disorders of the sympathetic.

5. *Hæmaturia.* DAVID CHOATE, M.D. (*Boston Med. and Surg. Journal*, Sept. 16, 1875.

An interesting case is here reported of the disorder named, in a stout laborer, 40 years old. The discharge of blood was almost continuous for about nine months, it appearing in every specimen voided. The quantity lost could not be given, but the urine was invariably colored deep red, and the microscope showed abundant red corpuscles; the blood was always mixed with the urine, never coming clear or in coagula. No mucus, pus or casts, could be detected; and only so much albumen as was thought due to the elements of the blood.

Increasing debility compelled the patient, near the close of the sickness, to take to his bed. The only remedy that appeared to diminish the flow was gallic acid in five grain doses, every two hours.

Finally, hypodermic injections of ergotine were resorted to, one-fifth grain twice daily. In three days the dose was increased to one-fourth grain. In five days vomiting came on, lasting for several hours, and the ergotine was withheld. Suddenly the urine became clear, and remained so. The next day the patient had a sharp attack of pain in the course of the right ureter, "followed by the passage of a small coagulum, apparently moulded by the ureter." Recovery closely followed.

The pathology of the case was obscure. It was learned that the patient had for some time before the

hæmaturia, been failing in strength and appetite, and had resorted to regular rations of alcoholic stimulants.

6. *The Influence of the Lower Organisms in the production of Infectious and Contagious Diseases.* (*Med. Times*, Phila.)

In a series of three articles in the *Times*, the above named subject is reviewed. After an extended reference to the studies and investigations that have been made on the subject, the reviewer quotes from Birch-Hirschfield, who, in a review of our present knowledge of the bacterial origin of disease, speaks as follows: "In a majority of diseases, the fungous origin of which has been made the subject of inquiry, we possess little or no exact proof of a parasitic cause, not even in the case of malignant pustule, or that of relapsing fever. But the *probability* that bacteria are not insignificant associates of these pathological processes, is, to an unprejudiced observer of the facts recently discovered, very strong, and the same may be said of the diseases previously mentioned." "Much which we already know regarding various circumstances connected with the life and development of bacteria, agrees singularly well with the ideas impressed upon our minds when we endeavor to form a conception of the infectious material of epidemic disease."

"It must be conceded, however, that so far as most of the forms of bacteria are concerned, investigation shows that, if they are not received in too overwhelming quantity, the *healthier* organism offers them an almost absolute resistance." "Proof also is available in the case of many diseases for the assertion that *those only are attacked by the disease who were sick already.*"

VI. THERAPEUTICS.

1. *Sea Sickness—Its Pathology and Treatment with Amyl Nitrite.* CROCHLEY CLAPHAM, L.R.C.P.L., Ph.D., etc. (*Lancet.*)

The writer has had the opportunity of making a post-mortem examination in a case of this malady—the only one we believe on record. The subject was a Chinaman,

who was *instantly* killed while vomiting, by a falling piece of iron. Autopsy four hours after death. "All the organs were healthy, excepting the spinal cord, the vessels of which were literally gorged with blood throughout its entire length." J. Crichton Browne, found a similar congestion in an epileptic patient, who died in the "status." He used amyl nitrite in similar cases advantageously. Dr. Clapham accordingly used amyl nitrite in *nausea marina* with astonishing success. Out of 124 cases, 121 were permanently relieved after one inhalation, (of three to five drops), and the other three were relieved permanently after a second or third inhalation.

2. *Quinine as a Gargle in Diphtheritic, Scarlatinal and Other Forms of Sore Throat.* DAVID J. BRAKENRIDGE, M.D., F.R.C.P.E. (*Practitioner*, August, 1875.)

The following points are considered as established with regard to the action of quinine on the white blood corpuscles and blood vessels.

"1st. Quinine is a protoplasm poison, and limits the number and movements of the white blood corpuscles and pus cells.

"2d. It prevents the migration of the blood corpuscles into the tissues of the membranous and parenchymatous organs exposed to the air, both when it is given subcutaneously and when it is applied directly to the part.

"3d. It restrains the dilatation of the blood vessels.

"4th. It is antiseptic, and exerts a paralyzing, or, in larger doses, a destructive influence on microzymes."

Basing his practice on the above ideas, the author has used quinine gargles in various sore throats. "In the slighter forms of diphtheritic sore throat it answers admirably, preventing the extension of the disease, and promoting the separation of the membranous exudation." As a rule, he used the strength of two grains to the ounce of water, with five drops of dilute sulphuric acid. "Sometimes I have been able to increase the strength; sometimes I have been compelled to diminish it. When well tolerated, the stronger it is the better."

"Non-syphilitic ulcers of the throat, under this treatment, at once assume a healthier aspect and heal rapidly." "Its effects in scarlatinal sore throat are very marked, the pultaceous secretion being checked, and the inflammatory swelling diminished." In severe cases, he recommends gargling every hour.

3. *Gelseminum Sempervirens in Facial Neuralgia.* C. H. NEWCOMB, A.M., M.D., Mechanicsburg, Ohio. (*Cin. Lancet and Observer*, September, 1875.)

This drug is vaunted very highly in the above disease, and several cases detailed. The dose used varies from five to ten drops of the fluid extract every three or four hours. The result always was relief. He thinks six drops of the fluid extract every four hours sufficient. This drug, the writer considers, has as certain an influence over the nerves of the head and face, as ergot has over the uterus. To physicians in malarial districts, he would recommend gelseminum in the facial neuralgias that resist iron, quinia, strychnia and arsenic. Its cheapness is a secondary consideration, and of considerable importance to those who have to supply their own drugs.

4. *Gelseminum in Odontalgia.* JAMES SAWYER, M.D., Land. M.R.C.P. (*Practitioner*, August, 1875.)

"I have rarely found gelseminum fail to give decided and lasting relief in cases of neuralgic pains in the face and jaws, associated with carious teeth. I have usually given fifteen minims of the tincture every six hours."

5. *Arrest of Cardiac Palpitations.* ANON. (*Med. Times and Gazette*, August 28, 1875.)

A correspondent in the *Union Médicale*, August 21, calls attention to the fact that palpitations, when not dependent upon organic disease, may be almost immediately arrested by bending the head downwards and allowing the arms to hang pendant. The effect is even still more rapidly produced by holding the breath for a few seconds, while the body is in this bent position.

Book Reviews.

[NOTE. — All works reviewed in the pages of the CHICAGO MEDICAL JOURNAL AND EXAMINER may be found in the extensive stock of W. B. KEEN, COOKE & Co., whose catalogue of Medical Books will be sent to any address upon request.]

THE MUCOUS MEMBRANE OF THE UTERUS, WITH SPECIAL REFERENCE TO THE DEVELOPMENT AND STRUCTURE OF THE DECIDUÆ. By *Geo. J. Engelmann, A.M., M.D.* With fourteen illustrations. 8 vo., 65 pages. (Reprinted from the *American Journal of Obstetrics.*) New York: William Wood & Co. 1875.

The great advances in medical science which have characterized the past twenty-five years, may be very largely ascribed to the patient investigations of microscopists. The labors of Virchow, Billroth, Klob, Rindfleisch and others, have completely revolutionized the views formerly held, respecting many important subjects in the domains of physiology and pathology. The *brochure* before us, occupies a place in the same field of work, and although it inculcates, as we believe, some erroneous views in regard to certain subjects—notably in the matter of the relations existing between menstruation and ovulation—it is nevertheless a valuable addition to the literature of a deeply interesting and important theme.

The work is the result of a series of microscopic investigations, pursued during the fall of 1871 by the author, in connection with Dr. Kundrat, first assistant to Prof. Rokitansky. The scene of these researches was, chiefly, the pathological laboratory of the General Hospital of Vienna, than which no place, perhaps, could have afforded better facilities for studies of this character. In addition, much material was afforded by the post-mortems of the Charité and the obstetrical clinic of Berlin during the summer of 1872, and also the extensive collection of ova in the anatomical museum of the latter city.

During the course of these labors, over three hundred

uteri were examined, and the condition of the uterine mucous membrane noted in all its various changes from the time of its first appearance in the fœtus, through its period of development to maturity and its season of functional activity, down to the time of involution and inaction.

An account of these researches was published in Stricker's "Medizinische Jahrbücher" for 1873; but, according to our author, now a resident of St. Louis, the MS. for that publication was prepared after his departure from Vienna, by Dr. Kundrat, and contained some views which he cannot endorse; and this fact, together with some others, has induced him to issue the present work.

The book is divided into three parts, as follows: Part I. The Mucous Membrane of the Womb, in its Development up to the Time of Puberty. Part II. The Mucous Membrane of the Womb during its Period of Maturity and Functional Activity, from the Time of Puberty to the Change of Life. Part III. The Mucous Membrane after the Change of Life.

Under the first head we are informed that in its earliest phases of development, the uterine mucous membrane consists simply of round or polygonal cells imbedded in a net-work of connective tissue. No glandular structure is apparent until about the tenth year, although traces of the presence of glands, in the shape of small crypt-like depressions, are found as early as the third or fourth year. From the tenth year forward, the changes both in the increasing thickness of the membrane and the development of the glands, proceed rapidly to maturity; although, owing to the great differences of race and nationality among the inhabitants of Vienna, and the fact that many of the uteri examined were those of girls whose health had been greatly impaired by chronic and wasting diseases, the author was unable to fix definitely the time of full development.

In Part II, the author first considers the condition of the fully matured membrane during its period of rest.

At this time it is described as a delicate, soft, pale-gray or grayish-red layer, which, owing to the entire absence of a submucous areolar tissue, is closely attached to the muscular structure beneath. Its thickness is 0.04 inch at the fundus and anterior and posterior walls, but thinner at the sides, cervix and tubar ostia. Its glands are destitute of basement membrane, and appear simply as epithelial tubes, imbedded in the substratum of connective tissue.

During the menstrual period the mucous membrane exhibits very different conditions from those just described. "It is swollen, 0.118—0.236 in thickness, of an almost pulpy consistence. Its surface is puffy, wavy, and in places reveals the delicately injected capillaries, after removal of its coating of whitish, opaque mucus, occasionally tinged with blood."

This increased thickness of the membrane is due to hypertrophy of its superficial layers, resulting from a proliferation of round cells and an enlargement of those previously existing, as well as an increase of the intercellular substance. The glands themselves are very much enlarged, especially those portions of them near the surface. The vessels, too, are greatly increased in size and gorged with blood, although there is no new vascular formation.

Dr. Engelmann does not endorse the opinion promulgated by Tyler Smith, Pouchet and others, that the mucous membrane is shed at each menstrual period; and he states that "in not one of the many uteri examined at such periods, was the mucous membrane, or even its superficial layer, found wanting." A few pages further on, however, he uses language, which, if not actually contradictory of the above, at least conveys a different impression. In speaking of the retrograde metamorphosis of the tissue, consequent on the fatty degeneration which accompanies the menstrual process, he says: "The destruction and detachment of a large part of the more exposed elements of the surface, and even of the

glandular epithelium, accompanies this process—in proof of which I will say that numerous epithelial cells, in a state of beginning fatty degeneration, are found imbedded in the whitish, somewhat bloody, mucus which fills the uterine cavity."

The latest writer who has touched specially upon this point, is Dr. John Williams. (On the Structure of the Mucous Membrane of the Uterus and its Periodical Changes, *Obstetrical Journal of Great Britain and Ireland*, February and March, 1875.) He states positively that in two of the uteri examined by him, the membrane of the cavity of the uterine body was wholly absent. In one case the woman, aged thirty-five years, died about the ninth day of typhoid fever. The menstrual flow had been present for four days, and had not quite ceased at the time of death.

In the second case, although no menstrual history could be obtained, the appearances were similar. Here, too, the mucous membrane, perfect in the cervix of the organ, ceased abruptly at the internal os. In both cases the muscular wall was exposed in the cavity.

These observations of Dr. Williams confirm those previously made by Tyler Smith, Handfield Jones, Pouchet and others.

In regard to the cause of the menstrual flow, the author has only an opinion to give. During and immediately after the hæmorrhage, a fatty metamorphosis involves the cells of the upper layers of the membrane, the blood vessels, and the glandular and surface epithelia. These changes he regards as the cause of the hæmorrhage. He says: "Thus it appears that after a certain degree of tumefaction has been reached by the menstrual membrane, this change in its elements, this process of disintegration is inaugurated, and rapidly developing, especially upon the surface, leads to the rupture of the distended vessels, and hæmorrhage ensues."

Dr. Engelmann is a believer in the correctness of the ovulation theory of menstruation, and thinks the evi-

dences of the simultaneous occurrence of these processes, are quite conclusive. He states that the specimens examined by him go far toward proving that the rupture of the Graafian follicle generally occurs towards the close of the menstrual period.

In support of this opinion he cites some cases, two of which are remarkable for not having any bearing upon the question whatever. Of them he says, "the mucous membrane already displayed the menstrual tumefaction, and no signs of retrograde metamorphosis; in these uteri menstruation had not yet taken place, but was evidently soon to be expected; and no sign of a recently ruptured follicle was to be found in the ovaries." Menstruation was not present, and there were no signs of ovulation; hence, menstruation depends upon ovulation!

While we have neither the disposition nor the space to enter upon a discussion of this matter, we will merely state here that we regard the evidence that has been adduced in favor of the truth of the ovulation theory, to be far outweighed by that which has been brought to oppose it.

In the joint publication of Drs. Engelmann and Kundrat, a novel theory, originally advanced by Loewenhardt, was endorsed. According to this view, the impregnated ovum belonged, not to the menstruation last preceding conception, but to the period following, when, although the ordinary tumefaction of the membrane took place, no discharge occurred. Dr. E. regards this theory as erroneous and untenable, and contends that it is not supported by the anatomical facts observed by Dr. K. and himself. He urges also that the doctrine would make the duration of pregnancy three-fourths of a lunar month less than is generally accepted, and that it implies rupturing of the Graafian follicle at a period long prior to the menstrual hæmorrhage, conclusions to which he cannot assent.

The theory so long maintained, and still taught, of the origin of the decidua reflexa by the pushing forward of

the mucous membrane of the ovum in its passage from the tube into the cavity of the womb, is wholly refuted by the examinations made of menstrual uteri. In every case examined, the openings of the Fallopian tubes, as well as the internal os uteri, were completely pervious, and in no case was there any union or even agglutination of the membrane at these places; and hence, the ovum could not possibly produce a reduplication of the mucosa in the manner formerly supposed.

The author next describes the normal development of the deciduæ, and traces their growth from the first two weeks of conception to the end of pregnancy.

He maintains that the usually accepted notion, that the villosities of the chorion penetrate the mouths and ducts of the uterine glands, is erroneous. He characterizes it as a very plausible theory, but one not founded upon any macroscopic or microscopic preparations in the hands of any of the authors who advocate its truth. He says: "My examinations and still preserved specimens, prove that no such relation exists between the ovum and the uterine membranes, that the villi do not enter the gland tubes, but that the adhesions existing are owing to an agglutination of the parts and to the growth of the serotinal tissue around the villi." He maintains also that this statement with regard to the relation between the chorion and serotina, is equally true of the more fully developed ovum, and that hence, the very foundation of the wide-spread theory of the formation of the placenta, falls to the ground.

There seems to be some difficulty in deciding whether the large blood sinuses of the placental portion of the serotina, which all authors describe as the most important feature of that structure, are normal and necessary, or whether they are artificial and accidental. It is well known that Ercolani and Braxton Hicks deny their existence; the latter, having examined eight placenta *in situ* in different stages of pregnancy, states that he found no blood, or only a mere trace, between the villi.

While the injections of the placenta made by Dr. Engelmann, or under his direction, were conducted in the most careful manner, and the results were analogous to those of other observers, he does not feel sure that the injected fluid may not have ruptured the delicate walls of the capillaries, and thus have produced the puzzling sinuses.

A chapter devoted to the regeneration of the mucous membrane after parturition, is exceedingly interesting. This process begins in some cases as early as the third week after delivery, at which time the inner surface of the uterus is "lined with a very thin, smooth membrane of new formation, which is still covered by more or less of a pale-yellowish mucus, sometimes streaked with blood."

At this time the membrane, although frail and delicate, and not over 0.006 inch in thickness, is perfect in its elements, the glandular structure, interstitial tissue and surface ephithelium being all represented. The restitution of the membrane to its full growth and normal appearance, and the complete involution of the organ, are accomplished by the end of the fifth week, except at the placental site, where the work of regeneration progresses more slowly. Many chronic diseases retard, and in some cases would seem to prevent altogether, the involution and regeneration of the organ.

Dr. Engelmann believes that when, under any circumstances, the entire decidua becomes detached, a perfect mucous membrane can never be reproduced; and that "in those cases, whether of tedious instrumental delivery, or of spontaneous expulsion of the ovum, in which the membrane is *apparently* expelled *in toto*, the lowest meshes with the fundi of the glands, or, in extreme cases, only the exposed fu di, still some part of the mucosa remains *in utero;* the muscular fibres are not laid bare, and restitution is readily explained."

Here again the views of our author come in conflict with those of other observers. Both Kölliker and Heschl

maintain that during parturition the mucous membrane of the uterus is entirely removed, and the muscular fibres become exposed in the uterine cavity. The former writer states that "the mucous membrane is completely thrown off after parturition, in the form of decidua and placenta uterina, and this has to be formed entirely new." Heschl says: "The placenta site, which always occupies a third part of the contracted uterus, still retains a projecting, uneven, and considerably lacerated surface. The rest of the inner surface of the body of the uterus, is composed of muscular substance, from which, here and there, hang shreds, the remains of the decidua."

The condition of the mucous membrane after the change of life is dismissed in a single paragraph of ten lines, the substance of which may be summed up in two words —rest and atrophy. A. R. J.

Translations.

HERMAPHRODISM,

FROM A MEDICO-LEGAL POINT OF VIEW.

Translated from the French of Basile Poppesco,

By E. WARREN SAWYER, M.D.,

Lecturer on Obstetrics, Rush Medical College, Chicago.

(Continued from page 792.)

We have undertaken, at some length, to state these ingenious explanations, without being understood as adopting purely speculative theories.

Other authors have given another explanation of hermaphrodism; I will limit myself to the simple mention of it; among others, I will cite the names of Is. Geoffroy Saint-Hilaire, Dutrochet and Marc. According to these authors, who assume as the foundation of the funda-

mental law of the development of the sexual apparatus, that the most complete analogy exists between the male and female organs, to that degree, even, that in the early moments of their formation, it is not easy to distinguish them ; and that later, each part of the male apparatus has its analogue in the female apparatus, and reciprocally ; according to these authors, I say, it is not till the end of a certain period of intra-uterine life, that these elements, primitively neuter, will become male or female, according to the reciprocal impulses transmitted from the male ovule to the female ovule. This is the theory that we are enabled to call the *neutrality of the sexes* during intra-uterine life, which will explain why, under certain given circumstances, the transmitted impulse is insufficient to bring about a normal development, and, consequently, the entire series of analogous transformations in the different divisions of the generative organs.

Another school supposes the following principle ; and admits a *normal physiological bisexuality.* According to the leaders of this school, every fœtus possesses the two sexual apparatuses capable of taking on a complete development, but usually, and especially according to the law of Serres, known under that of the equilibrium of the organs, one of these apparatuses should normally atrophy ; whence results, in consequence, a complete male or female sexual apparatus. But, for another reason, still ignored : the laws of nature suffer a deviation, in order that there may be any arrest of development, the homogeneity is destroyed, and the consequence will be the formation of the generative apparatus, after an extravagant and singular fashion, exhibiting the union of the male and female organs. This is an extremely ingenious theory, but it cannot resist one serious criticism founded upon the recent results of modern embryology, and especially of histology. Nevertheless, it is apparent how easy it will be to explain, by this means, the positive, but exceptional facts of bisexual hermaphrodism, such as we have detailed in our observations V and VI.

In conclusion, I will call attention to the complete independence, the slight relations, so to speak, which exist, at least during the first months of intra-uterine life, between the fundamental organs of generation and the accessory organs, in both sexes; "whence results," says Professor Tardieu, "upon the one hand, the possibility of an incomplete evolution, which will retain certain parts in a primitive state, whilst other parts will develop normally; and upon the other hand, the confusion of the characteristics of the sex, which will be female on one side and male on the other."

APPLICATION OF THE PRECEDING DATA TO LEGAL MEDICINE.

Several medico-legal questions of great gravity belong to the vices of conformation of the sexual organs. Sometimes the individuals, who have had a false social rank from the time of birth, are condemned to a series of moral disturbances, before being able to recover their title, and to receive their common right. Sometimes a marriage, contracted under the conditions of identity of sex, has been declared null. As M. Tardieu has said, "from all the points of view, moral, physiological and social, these facts are of a nature to interest profoundly the philosopher and the physician."

The essential object of marriage being the union of the sexes, it results from this, that the difference of sex is the essential condition; article 144 of the Civil Code supposes this condition, otherwise a marriage does not exist. Also, when by a concourse of extraordinary circumstances, of which numerous examples are found in our old law, and even in the present, (decree of the Parliament, 1765, decree of the court of Trêves, 1808), when a union so monstrous is found, there is not a marriage, but a *representation of marriage.*

If the apparent silence of the Code, on the variety of causes of impotence, has been the cause of the division which still reigns among the jurists, it seems difficult to

us, on the other hand, to include hermaphrodism among the causes of *impotence*, as M. Legrand du Saulle has said, when that impotence, even the most notorious, is not a cause of opposition to the marriage; on the contrary, article 180 of the Civil Code sufficiently instructs the physician and the judge concerning the vices of conformation, which constitute hermaphrodism. In fact, such are the expressions of the Code, when there is a *fault in the person*, the marriage cannot be challenged by another than one of the two espoused who has been led into error.

The law not having made mention of the word barrenness, we should give to the word impotence a legal significance quite different, and much more comprehensive, than when the same word is employed in a strictly medical sense. Always under the circumstances, when the impotence has been well marked, the courts have simply compared the fact to the cases in which there has been a fault in the person, such as enables us to pronounce upon the invalidity of the marriage.

Not wishing to further enlarge upon the causes of impotence, or upon the manner of proceeding in order to discover the truth and to render it visible and palpable, so to speak, to the eyes of the court, especially when concerned with questions so delicate, we will now examine the different questions which can be submitted to the medical expert, constantly recalling the fact that, in the majority of instances, there is a fault in the person; and that it is this fact which establishes either the invalidity of the marriage, or demands simply the revision of the social state, in consequence of a vicious conformation of the genital parts, which has given rise to the doubt or the fault.

Consider the first case, that which is presented most commonly, under circumstances that are generally well indicated. Marc, and Orfila, in their treatises on legal medicine, have, among others, reported the history of Marie Marguerite, who, wishing to marry, was visited by

a surgeon on account of the absolute absence of menstruation; and because of which, the tribunal of Dreux had directed her to assume male attire. Briand and Chaudé also speak of this individual who, christened and educated as a girl, one day demanded the privilege of marrying a woman whose pregnancy was due to his efforts.

The same authors still further express themselves: "Marriage cannot be otherwise contracted than between two persons of different sex; if it is to be supposed that a marriage might have been contracted between a woman and an individual who, up to that time, had been regarded as belonging to the male sex, but who really was a woman, as she was, will any one dare to assume that such a marriage is valid? No; without doubt such a union ought evidently to be annulled, because of error. Let one suppose, on the contrary, an individual in whom a freak of nature had given birth to a rudimentary virile organ, is there not equally in this case an error in the person? In both cases, the justice of the decision is the same, *ubi eadem ratio, idem jus.* It is necessary to annul such a marriage." Moreover, it was thus that the case was decided which came at first before the tribunal at Alais, in 1869; I desire to recall, in a few lines, the interesting particulars in this case. M. D. was married in 1866 to a person inscribed on the register of civil state under the name and surname of Justine A. Z., then twenty-five years of age. In 1869, only, he decided to demand the nullification of his marriage, for which he alleged the following motives: according to his own observations and those of a midwife, this pretended married woman did not possess a single organ which characterizes the female sex; she had neither breasts, ovaries, uterus nor vagina; her pelvis was conformed to that of the male rather than to that of the female; moreover, though she was twenty-seven years of age, she had never had either menses or periodical lumbar and abdominal pains. After a first decision had been reversed by the Imperial Court of Nîmes, which among other considerations gave the fol-

lowing: "While the law has not included impotence with the causes for nullifying a marriage, it follows that every demand, tending to prove that one of the espoused is found in that state, should be rejected," the cause was then submitted to the supreme court. It was then that M. Tardieu was appealed to for his opinion.

"The intervention of the physician, indispensable in such cases, is perfectly defined in its object, and should be, at the same time, perfectly distinct in its results. The question to decide is expressed in these very simple terms: the person espoused as a woman, is she a malformed woman, impotent and unfit for sexual union? In this case, there is not a cause for divorce, in the restricted sense the law has fixed. Is he a malformed man offering the deceitful appearances of the female sex? In this case, the marriage has not even existed, and is radically wrong. A medico-legal expert is, without doubt, necessary and indispensable, for the solution of the double question that I have just indicated."

Relying upon a very incomplete certificate, given by Dr. C—, M. Tardieu, taking as a foundation for his scientific argument, the general conformation, the narrowness of the pelvis, the negative development of the breasts, the absence of the vagina, but especially the absolute failure, not only of the original menstrual flow, but even, at that time, of the periodical flux, accompanied by lumbar or abdominal pains, with swelling of the breasts, arrived at the conclusion, that this person, not possessing in reality a single organ essential to the constitution of the female sex, was a man, but a malformed man, presenting the most common type of hermaphrodism.

In adding to his report, M. Tardieu recalled the fact that, from a medico-legal point of view, sexual indifference, or absolute neutrality does not exist; and Briand and Chaudé themselves, after having admitted theoretically this variety of hermaphrodism, say that, from a medico-legal point of view, "these individuals should be regarded as being of the masculine sex; because,

in them the female genital parts cannot be discovered; and the absence of virility depends only then upon the want, or the atrophy of the testicles."

The case was only decided in 1873, and the court annulled the marriage inscribed on the registers of the civil state of the commonwealth of Alais.

One can resume all which has preceded, in saying that, if the impotence or the infecundity of the espoused cannot be admitted as a cause for nullification of marriage, it is not the same for identity of sex, which requires most often a declaration of fault in the person, and consequently establishes the nullity of the marriage. This case is certainly the most difficult which can be submitted to the examination of the medical expert.

ERRORS IN THE INSCRIPTION OF THE SEX IN THE CIVIL STATE.

In addition to the foregoing facts, there remains to be considered the *errors in the inscription of the sex in the civil state.* These facts have a capital importance; because, if an error is committed, there will result a series of disastrous consequences which I have just indicated in the preceding pages.

It will be remembered that the greater part of the vices of conformation are the result of an arrest in development, the subject of which, in the immense majority of cases, is an individual belonging to the male sex; and that the malformations of the sexual organs of the female, are much more easy to recognize, especially on account of the multiple and varied manifestations the ovaries are subject to, by the aid of which their presence is made known.

When the physician is appealed to, to pronounce upon the sex of the person, often for the purpose of reinstating an individual in his true civil rank, who has had attributed to him a sex that was not his own, he should follow from point to point the line of conduct which has already been clearly indicated by Marc: 1, to observe at

length, and under several aspects, the tastes, the habits, and the moral constitution of the individual; 2, after an inspection of the entire surface of the body, to establish the sex, the characters of which seem to predominate; 3, to examine with the greatest care the external organs of generation (penis, scrotum, urethra, testicles); to sound all the openings, in order to know the extent and direction and the character of the vices of conformation, which conceal the true sex; 4, to be assured, finally, if there has ever been established an issue of catamenial blood; for this fact alone is sufficient to unveil the predominance of the attributes of the woman.

Sometimes the true sex remains unknown throughout the entire life; as in the case of Maria Arsans, who died at the age of eighty, who was a reputed woman and was married as such; but the autopsy showed in her some signs of virility. Sometimes an accidental circumstance, such as the descent of the testicles, or their strangulation in the ring, awakens the attention.

One of the most affecting and dramatic observations, is that of the poor unfortunate, who lived in a convent boarding-school, almost to the age of twenty-two years, and who, by a series of multiple circumstances, saw his own civil rank changed by a decree of the civil tribunal of Rochelle.* The history of this individual, whose name was Alexina B——, has been written by himself, and shows what terrible consequences can come from an error committed in the inscription in the civil state. This person, the prey of a miserable existence, committed suicide, in Paris, in 1868; the autopsy showed very evidently that he was a man; the body had all the exterior appearances of a man, the hair system was very well developed, the penis existed, and, moreover, there were testicles.

In order to avoid similar errors, it is especially essential to consult the physicians who have attended upon the births; "and not to be content with the declarations

* Chesnet. Annales d'hyg. et de méd. légale, 1868.

of the parents, or the persons who witnessed the accouchment, but to ascertain for one's self the sex of the infant."

Sometimes there are circumstances under which it will be very difficult to pronounce immediately; "in these cases," said M. Legrand du Saulle, "cannot one postpone the decision, as in a consultation of the guard of the seals, in 1811; and will not this postponement be preferable to a hasty affirmation, founded upon hypotheses, and analogies, and which can entail many disastrous consequences?"

One other medico-legal question should engage our attention, the solution of which, we are forced to admit, is not easy; we allude to the capability of the hermaphrodites for procreation and their fitness for marriage. Take, for example, the case of Alexina B——, in whom the penis was of small size; after the rectification of her civil rank had been obtained, could Alexina then marry? Was there really impotence? Yes; according to M. Legrand du Saulle; "because, though the act of copulation could be well accomplished, fecundation is really impossible. It remains evident that Alexina B—— is an unclassed being, incapable of reproduction, and consecrated to an eternal celibacy." It seems to me, however, that Alexina B—— presents all the attributes of the male sex, and that some day, when there will be adopted in France the singular practice of certain American surgeons, it will be no longer admissible to say that fecundation by such a subject is in reality impossible.

For the medical jurist, we will admit only two classes of hermaphrodites: in the first, much the more numerous, will be the hermaphrodites whose sex is recognizable; the most frequently they will be individuals of the male sex, who will be able to marry (the impotence not being absolute), or of the female sex who cannot marry, their sexuality not being sufficiently distinct.

In the second class, will be those individuals whose sex cannot be defined. These are the persons whom Is.

Geoffroy Saint-Hilaire designates under the name of negative, neuter hermaphrodites; the sex of these is indeterminable; arrested in their development, their analogue is found only in the embryo. Or rather, there may be an equal association of the two apparatuses. It is of this class of hermaphrodites, that Geoffroy Saint-Hilaire regretted "that the law admitted of only two great classes of individuals, upon whom it imposed different obligations and accorded to them different privileges."

Among these hermaphrodites, the aptitude of generation does not exist, the sexes being so imperfectly constructed, and they can neither fecundate nor conceive. Concerning the marriage, it ought to be declared null, not on account of error in the person, but because of the identity of sex of the two espoused.

In *résumé*, the arrest of development of the sexual organs gives origin, finally, to a medico-legal question of identity; this question will be solved generally, after a minute examination of the parts, being based upon the facts furnished by anatomy, physiology and embryology. Further, the greatest frequency of the vicious conformation of the male, will enable us to conclude, usually, that we have to do with individuals of the male sex.

(To be concluded.)

Medical News and Items.

The Editorial Management of the JOURNAL AND EXAMINER, take this opportunity of requesting physicians who are conducting clinics in the city, to make some provision for the regular reporting of their interesting cases in these columns. It is desired to make this Journal, as far as possible, a mirror of the clinical practice in the several hospitals of our city. If the gentlemen referred to, will appoint regular reporters of these clinical cases, and will accredit them to the editors, every effort will be made to afford them due representation.

COLLEGE OPENINGS. — The lectures in the Chicago Medical College for the Session of 1875–6 were inaugurated on the evening of October 4, by Prof. H. A. Johnson. The subject of the address delivered on this occasion was, the relations of the physical and spiritual universe to man and the duties of the educated physician resulting therefrom. The lecture was delivered with great animation and was heard with marked attention by a large number of students, professional gentlemen and ladies, who had assembled in consequence of the interest arising from the inaugural lecture of the course.

On the conclusion of the address the audience dispersed through the museum, laboratory and halls of the college, which were opened and lighted for their accommodation.

The Departments of Surgery, of Diseases of the Skin and of the Eye, Ear and Chest, connected with the South Side Dispensary, have been recently removed to commodious rooms in the basement of the College Building, which have been fitted up for that purpose, and furnished with apparatus for heating, lighting and providing hot and cold water for the attending physicians and surgeons.

The opening exercises of the winter session of Rush Colllege were held in the (temporary) college building, corner 18th and Arnold streets, on the evening of Sept. 29th. About two hundred students were assembled. An introductory prayer was offered by Rev. John Williamson, after which a brief address was delivered by Prof. Edwin Powell.

The facilities afforded by the Dispensary accommodations in the building of the Chicago Medical College, referred to above, enable the Faculty of that institution to give henceforth regular clinical lectures in their own amphitheatre. As heretofore, there will be also daily clinics in the gynecological rooms of the College.

The regular session of the Woman's Hospital College was begun on the morning of October 5th, with the regular didactic lectures.

Would it not be sensible for all colleges to follow the example of this, and omit any ceremony of opening the regular course of lectures?

CHANGES IN THE FACULTIES.—Since the close of the last winter lecture terms, several changes have occurred in the faculties of the colleges.

In Rush College, the chair of anatomy, made vacant by the retirement of Prof. R. L. Rea, has been filled by the election of Dr. Charles T. Parkes, the Demonstrator of Anatomy. Dr. Albert B. Strong, Lecturer on Materia Medica and Therapeutics in the Spring Faculty, has been elected Demonstrator. As Dr. Parkes was also Lecturer on Anatomy in the Spring Faculty, these changes make two vacancies in that body.

In the Woman's Hospital College, Prof. John Bartlett has been transferred from the chair of Diseases of Children to the associate chair of Practice of Medicine. Prof. Charles W. Earle has been transferred from the chair of Physiology to that of Diseases of Children; and Dr. Sarah Hackett Stevenson has been made professor of Physiology. Prof. A. H. Foster has resigned the chair of Surgery.

In the Chicago Medical College the chair of Hygiene has been made vacant by the resignation of Prof. Thos. Bevan. Prof. H. A. Johnson, having resigned the chair of Diseases of the Respiratory and Circulatory Organs, has been made a professor of Clinical Medicine.

Dr. D. A. K. Steele has been appointed one of the Assistant Surgeons of the Woman's Hospital of the State of Illinois.

Chicago Mortality Report

FOR SEPTEMBER, 1875.

Reported by Dr. BEN. C. MILLER, Sanitary Superintendent.

CAUSES OF DEATHS.—Accident, drowning, 2; accident, by fall, 4; accident in planing mill, 2; accident, run over by wagon, 1; accident by laudanum, 1; accident by railroad, 6; accident by scalding, 1; accident by shooting, 1; angina tonsillaris, 1; aphthæ, 1; apoplexy, 4; asthma, 1; ataxia locomotor, 1; ascitis, 1; bowels, constipation of, 1; brain, congestion of, 4; brain, hæmorrhage of, 1; brain, inflammation of, 10; brain, tumor of, 1; bronchitis, 1; bronchitis, capillary, 2; cancer of breast, 2; cancer of bowels, 1; cancer of stomach, 5; cancer of œsophagus, 1; cancer of uterus, 2; cirrhosis, 1; cholera infantum, 149; cholera morbus, 4; colitis, 1; consumption, 48; convulsions, 83; croup, 8; cyanosis, 2; cystitis, 2; debility, general, 6; deficient development, 1; diarrhœa, 47; diarrhœa, chronic, 7; diphtheria, 7; dropsy, general, 2; dysentery, 14; endo-carditis, 1; enteritis,

17; entero-colitis, 7; epilepsy, 1; erysipelas, 3; exhaustion, 2; fever, congestive, 1; fever, intermittent, 1; fever, remittent, 6; fever, scarlet, 20; fever, typhoid, 46; gastritis, 3; gastro-enteritis, 5; hæmorrhagica purpura, 1; heart, disease of, 10; heart, organic disease of, 2; heart, rheumatism of, 2; heart, valvular disease of, 4; hepatitis, 1; hernia, incarcerated, 1; hydrocephalus, 10; inanition, 28; illeo colitis, 1; intemperance, 2; indigestion, 2; icterus, 3; jaundice, 2; kidneys, disease of, 1; kidneys, Bright's disease of, 5; laryngitis, 1; liver, atrophy of, 1; liver, congestion of, 1; liver, inflammation of, 1; lungs, congestion of, 3; lungs, scrofula of, 1; manslaughter, 1; metro-peritonitis, 1; meningitis, 11; meningitis, cerebro-spinal, 7; meningitis, tubercular, 4; metritis, 1; old age, 10; paralysis, 4; peritonitis, 5; pneumonia, 13; pleurisy, 1; phlegmonia, 1; pyæmia, 1; rheumatism, 2; scrofula, 2; septicæmia, 3; septicæmia, puerperal, 1; stomatitis, 1; suicide by drowning, 1; suicide by poison, 1; suicide by hanging, 1; suicide by laudanum, 1; syphilis congenital, 2; tabes mesenterica, 16; teething, 15; trismus, 2; ulceration of mouth and throat, 1; whooping cough, 19. Total, 764.

Premature births, 12; still births, 57. Total, 69.

COMPARISON.—Deaths in month of September, 1875, 764; in August, 1875, 986. Decrease, 222. Deaths in September, 1874, 809. Decrease, 45.

AGES.—Under one year, 304; one year to two, 148; two years to three, 30; three years to four, 8; four years to five, 8; five years to ten, 28; ten years to twenty, 35; twenty years to thirty, 56; thirty years to forty, 31; forty years to fifty, 30; fifty years to sixty, 29; sixty years to seventy, 23; seventy years to eighty, 18; eighty years to ninety, 6. Total, 764.

Males, 408; females, 356. Total, 764.

White, 756; colored, 8. Total, 764.

Married, 139; single, 625. Total, 764.

NATIVITIES.—Atlantic Ocean, 1; Austria, 1; Bohemia, 4; Canada, 7; Native—Chicago, 124; Foreign—Chicago, 381; United States, other parts, 99; Denmark, 1; England, 10; France, 2; Germany, 59; Holland, 1; Ireland, 46; Norway, 3; Russia, 1; Scotland, 4; Sweden, 12; Switzerland, 2; Shetland Isles, 1; Wales, 1; unknown, 4. Total, 764.

Deaths daily, 25½. Mean thermometer, 61°. Rainfall, 4.39 inches.

MORTALITY BY WARDS.—Ward 1, deaths, 1; population in 1874, 5,725; percentage, 5,725. Ward 2, deaths, 3, population, 4,830; percentage, 1,610. Ward 3, deaths, 17; population, 14,861; percentage, 874. Ward 4, deaths, 14; population, 15,361; percentage, 1,097. Ward 5, deaths, 36; population, 20,078; percentage, 561. Ward 6, deaths, 75; population, 35,916; percentage, 479. Ward 7, deaths, 67; population, 31,722; percentage, 474. Ward 8, deaths, 46; pop. 29,143; percentage, 633. Ward 9, deaths, 43; population, 31,654; percentage, 720. Ward 10, deaths, 23; population, 17,385; percentage, 756. Ward 11, deaths, 23; population, 14,022; percentage, 609. Ward 12, deaths, 11; population, 16,792; percentage, 1,527. Ward 13, deaths, 27; population, 17,892; percentage, 663. Ward 14, deaths, 29; population, 16,720; percentage, 576. Ward 15, deaths, 132; population, 45,545; percentage, 345. Ward 16, deaths, 45; population, 21,922; percentage, 487. Ward 17, deaths, 42; population, 20,777, percentage, 495. Ward 18, deaths, 35; population, 21,392; percentage, 611. Ward 19, deaths, 8; population, 4,677; percentage, 585. Ward 20, deaths, 12; population in 8,995; percentage, 749.

Accidents, 18; County Hospital, 13; Foundlings' Home, 20; Home Good Shepherd, 2; Hospital Alexian Bros., 5; Home for Friendless, 1; Mercy Hospital, 4; manslaughter, 1; Protestant Orphan Asylum, 1; St. Luke's Hospital, 3; St. Joseph's Hospital, 3; suicide 4. Total, 764.

ANNOUNCEMENTS FOR THE MONTH.

MONDAYS.

SOCIETIES.

Mondays, Nov. 1 and 15—Chicago Med. Society, regular meetings at Gault House, 8 P.M.

Mondays, Nov. 8 and 22—Chicago Society of Physicians and Surgeons, regular meetings at Grand Pacific, 8 P. M.

CLINICS. *Every Monday.*

At Eye and Ear Infirmary, (Peoria and Adams Sts.) 2 P. M.—Prof. Holmes.

At Chicago College, 2 P. M. *Gynecological*—Prof. Merriman.

At Central Dispensary (239 W. Van Buren St.), 2 P.M., *Gynecological*—Dr. Adolphus.

At Mercy Hospital, 2 P. M. *Medical*—Prof. Johnson.

LECTURES *Every Monday.* At Rush College (18th and Arnold Sts.), 8½ to 12½ o'clock—Profs. Gunn, Miller, Freer and Powell; 4 to 6—Profs. Lyman and Etheridge. At Chicago College, 8½ to 12½—Profs. Jewell, Isham, Hyde and Bond; 3 to 6—Profs. Davis and Nelson, Andrews and Quine, and Roler. At Womans' Hospital College, 9 to 12—Profs. Thompson, Bogue and Blake; 3 to 6—Profs. Paoli, Stevenson and MacDonald.

TUESDAYS.

SOCIETIES.

Tuesday, Nov. 9th—Academy of Sciences, regular meeting, 8 P. M. (263 Wabash Av).

CLINICS. *Every Tuesday.*

At County Hospital, 2 P. M., *Medical*—Prof. Ross; 3 P. M., *Surgical*—Prof. Powell.

At Chicago College, 2 P. M., *Gynecological*—Prof. Roler.

At Mercy Hospital, 2 P. M., *Medical*—Prof. Hollister.

LECTURES. *Every Tuesday.*

At Rush College, 8½ to 12½—Profs. Gunn, Miller, Allen and Parkes; 4—Prof. Lyman. At Chicago College, 8½ to 12½—Profs. Jewell, Isham, Merriman and Bond; 3 to 6—Profs. Davis and Nelson, Andrews and Hatfield, and Byford. At Woman's Hosp. Coll., 9 to 12—Profs. Marguerat, Bartlett and Fitch;—3 to 6, Profs. Delafontaine, Curtis and MacDonald.

WEDNESDAYS.

CLINICS. *Every Wednesday.* [—Prof. Fitch.

At County Hospital, 2 P. M., *Ophthalmological*—Dr. Montgomery; 3 P. M., *Gynecological*

At Chicago College, 2 P. M., *Gynecological*—Prof. Nelson.

At Woman's Dispensary (229, 30th St.), 11 A. M., *Gynecological*—Drs. Hurlbut and Jackson; 1 P. M., *Electrical*—Dr. P. S. Hayes.

At Mercy Hospital, 2 P. M., *Surgical*—Prof. Andrews.

LECTURES. *Every Wednesday.*

At Rush College, 8½ to 12½—Profs. Hay, Freer, Allen and Parkes; 4 to 6—Profs. Lyman and Etheridge. At Chicago College, 8½ to 12½—Profs. Hollister, Isham, Hyde and Bond; 3 to 6—Profs. Davis and Curtis, Jones and Quine, and Roler. At Woman's Hosp. Coll., 9 to 12—Profs. Dyas, Earle and Thompson; 3 to 5—Profs. Paoli and Stevenson.

THURSDAYS.

CLINICS. *Every Thursday.*

At Eye and Ear Infirmary, 2 P. M.—Prof. Holmes.

At Chicago College, 2 P. M., *Gynecological*—Prof. Merriman.

At Central Dispensary, 2 P. M., *Gynecological*—Dr. Adolphus.

At Mercy Hospital, 2 P. M., *Medical*—Prof. Johnson.

LECTURES. *Every Thursday.*

At Rush College, 8½ to 12½—Profs. Gunn, Miller, Allen and Parkes; 4 to 6—Profs. Ross and Lyman. At Chicago College, 8½ to 12½—Profs. Hollister, Isham, Merriman and Bond; 3 to 6—Profs. Davis and Nelson, Andrews and Hatfield, and Byford. At Woman's Hosp. Coll., 9 to 12—Profs. Marguerat, Bogue and Fitch; 3 to 6—Profs. Delafontaine, Curtis and Macdonald.

FRIDAYS.

CLINICS. *Every Friday.*

At County Hospital, 2 P. M., *Medical*—Prof. Ross; 3 P. M., *Surgical*—Prof. Powell.

At Chicago College, 2 P. M., *Gynecological*—Prof. Roler.

At Mercy Hospital, 2 P. M., *On Dis. Eye and Ear*—Prof. Jones.

LECTURES. *Every Friday.*

At Rush College, 8½ to 12½—Profs. Gunn, Freer, Allen and Parkes; 4 to 6—Profs. Holmes and Etheridge. At Chicago College, 8½ to 12½—Profs. Hollister, Quine, Hyde and Bond; 3 to 6—Profs. Jones and Curtis, Andrews and Quine, and Roler. At Woman's Hosp. Coll., 9 to 12—Profs. Hotz, Bartlett and Blake; 3 to 5—Profs. Paoli and Stevenson.

SATURDAYS.

CLINICS. *Every Saturday.*

At Rush College, 2 P. M, *Surgical*—Prof. Gunn; 3 P. M., *Diseases of the Brain and Nervous System*—Dr. Hay.

At Woman's Dispensary, 11 A. M., *Gynecological*—Drs. Hurlbut and Jackson; 1 P. M. *Electrical*—Dr. P. S. Hayes.

At Chicago College, 2 P. M., *Gynecological*—Prof. Nelson; *Surgical*—Prof. Andrews; 3 P. M., *Medical*—Prof. Davis.

LECTURES. *Every Saturday.*

At Rush College, 8½ to 12½—Profs. Hay, Miller, Freer and Parkes. At Chicago College, 8½ to 12½—Profs. Hollister, Quine, Sherman and Hatfield; 3 to 6—Profs. Davis and Nelson, Andrews and Quine, and Byford. At Woman's Hosp. College, 9 to 12—Profs. Marguerat, Earle and Fitch; 4 to 6—Profs. Curtis and MacDonald.

☞ There are six special Clinics daily at the South Side Dispensary (Mercy Hospital) for students of the Chicago College. A daily Clinic at Dispensary of Hospital for Women and Children, 1½ P. M., for students of Woman's Hospital College.

LIST OF ADVERTISERS.

APPLETON, D. & CO., N. Y. Medical Journal, and Popular Science Monthly.
ANTHONY, E. & H. T. & CO., Albums and Stereoscopes.
AREND, A., Koumiss.
BURNHAM, E. & SON, Fine Drugs and Chemicals.
BURRINGTON, H. H., Uterine Elevator.
BRIGHAM HALL, Private Insane Asylum.
BELLEVUE PLACE, Private Hospital.
CASWELL, HAZARD & CO., Cod Liver Oil.
CHICAGO MEDICAL COLLEGE.
CHICAGO SCHOOL OF ANATOMY.
CODMAN & SHURTLEFF.
DEGENHARDT, CHAS., Surgical Instruments.
FOUGERA, E. & CO., Capsules, Cod Liver Oil, Pepsine, and Hematosine.
FULLER & FULLER, Fine Drugs and Chemicals.
GALVANO-FARADIC MANUFACTURING CO.
GARRATT, Dr. A. C., Electric Disks.
HORLICK, J. & W., & CO., Horlick's New Food.
HARVARD UNIVERSITY—Medical Department, Boston, Mass.
KIDDER, Dr. JEROME, Electro-Medical Apparatus.
KEEN, COOKE & CO., Medical Publications, and Swing's Sermons.
MEDICAL HOME AND RETREAT, Boston.
PLANTEN & SON, Capsules.
RHODES, GEO. W., Home and Retreat for Invalids.
RUSH MEDICAL COLLEGE, Chicago.
SARGENT, E. H., Surgical Instruments, etc.
SHARP & SMITH, Surgeons' Instruments and Appliances.
STEARNS, FREDERICK, Pharmacist, Detroit.
TROMMER EXTRACT OF MALT CO., Fremont, O.
THE MEDICAL RECORD, of New York.
UNIVERSITY OF MICHIGAN, Ann Arbor.
WOMAN'S HOSPITAL MEDICAL COLLEGE, Chicago.
WESTERN ELECTRIC MANUFACTURING CO., Portable Electro Medical Apparatus.

FULLER & FULLER

WHOLESALE

DRUGGISTS

Nos. 22, 24 AND 26 MARKET STREET,

CHICAGO.

IMPORTERS AND DEALERS IN

FINE DRUGS, CHEMICALS

SELECT POWDERED DRUGS,

PURE ESSENTIAL OILS, DRUGGISTS' SUNDRIES AND TOILET GOODS.

Imported and California WINES *especially suited to the requirements of the Retail Trade.*

PAINTS, OILS, COLORS, PAINT BRUSHES,

DYEING DRUGS, DYE WOODS, AND ANILINE COLORS.

WINDOW GLASS.

Tanners' Stock, Japonica, Bank Oil, Etc.,

Soap Makers' Stock, Caustic Soda, Palm Oil, Etc.,

Paper Makers' Stock, Bleaching Powder, Soda Ash, Etc.,

Glass Makers' Stock, Soda Ash, Arsenic, Manganese, Etc

EDWIN BURNHAM. EDWIN R. BURNHAM.

E. BURNHAM & SON,

Importers and Jobbers of Drugs

Now have the Elegant and Spacious Stone Front Store,

Nos. 52 & 54 Lake Street,

ABOUT FIVE DOORS EAST OF STATE ST.

Occupying the BEST BUILDING in our line in the city, and at LOWEST RENT, we are prepared to do business PROMPTLY, and selling, as heretofore,

GOODS ONLY OF THE BEST QUALITY

AT

LOW PRICES.

We WARRANT our goods to be as represented, and will price mail orders at the bottom of the market. An examination of stock and prices is solicited, and will well repay large and close buyers.

E. BURNHAM & SON.

THE LEADING MEDICAL JOURNAL
OF THE WEST.

The Chicago Medical Journal
AND EXAMINER.

EDITOR:
WILLIAM H. BYFORD, A.M., M.D.

ASSOCIATE EDITORS:
JAMES H. ETHERIDGE, M.D. | JAS. NEVINS HYDE, A.M., M.D.
NORMAN BRIDGE, M.D. | FERD. C. HOTZ, M.D.

Published under the auspices of the Chicago Medical Press Association.

Issued Twelve Times a Year.

TERMS—FOUR DOLLARS PER ANNUM IN ADVANCE—*POSTAGE FREE.*

The Chicago Medical Journal and Examiner is an entirely new Journal, the union of two Journals, possessing in a high degree respectability and influence, which have been published in Chicago for a number of years, viz.: "The Chicago Medical Journal" and "The Chicago Medical Examiner."

About a year since a few medical gentlemen conceived the idea of starting another Journal which should have no bias toward any institution or party; one in which all members of the profession could unite their energies for the advancement of medical science.

With this view the enterprise which finally led to the union of the two existing Journals was inaugurated, together with the organization of a joint stock company, to be entitled "The Chicago Medical Press Association," for the purpose of publishing a Medical Journal, and the establishment of a Medical Library and Reading Rooms for the benefit of the members of the Association.

The organization is now complete, the Journals are united under the name of the CHICAGO MEDICAL JOURNAL AND EXAMINER, and the Medical Press Association is responsible for its editorial management. Our facilities for obtaining foreign and domestic exchanges are such as to assure us that we shall soon be in receipt of the most valuable periodicals from the medical centres of the world. From them will be gleaned all new facts and discoveries, upon their first appearance.

The Excerpt Department of "The Medical Journal and Examiner" will be an exceedingly interesting and profitable one.

Reports from the various Hospitals and Societies of Chicago will appear upon our pages in such a way as to make them a mirror of the practice of our industrious and accomplished corps of teachers and investigators.

Correspondence from many of the great cities of this country and Europe is promised, and will be an important feature.

The Departments of Original Communications, Reports of Societies, Summary of Progress, Translations, Clinical Reports of Hospitals and Private Practice, will be leading features of the Medical Journal and Examiner.

The Chicago Medical Journal and Examiner will be issued twelve times a year, on the first of each month, and mailed to all subscribers in the United States, ***Postage Prepaid*** by the publishers, on receipt of ***Four Dollars.***

A new volume of The Chicago Medical Journal and Examiner commences January, 1876, and subscriptions should commence with that date in order to secure the numbers complete for the year.

Four Months on Trial!

☞ **The numbers for September, October, November and December, 1875,** will be sent post paid on receipt of **One Dollar.** Try these numbers and you will be sure to subscribe for the coming year.

There are many Medical Journals published in the United States, all of which would be valuable to any physician. **Take them all if you are able to do so,** but if you can afford only **one,** by all means secure **The Chicago Medical Journal and Examiner.**

W. B. KEEN, COOKE & CO.,
Publishers,
113 and 115 State Street, CHICAGO.

DR. GARRATT'S ELECTRIC FLEXIBLE DISKS

For self-applying easy *Medical Electricity*, for *Pain, Weakness*, etc., at *reduced prices.*
Simple Disk, 4 by 6 inches, (2 poles), price, 60 cents.
Children's Disk, 2½ by 6 inches, (10 poles), price, $1.00.
Large Disk, 5 by 8 inches, (24 poles), *best*, price, $2.00.
Other sizes, Long and Extra Long, when ordered.
Sold by best Druggists and Surgical Instrument makers.
Dealers will please send for *new* Price List.
Disks sent by mail on receipt of price, by
A. C. GARRATT, 6 Hamilton Place, Boston, Mass.

Wholesale and Retail by Druggists. In *Chicago*, by Bliss & Torrey, and by E. H. Sargent, 785 Wabash Avenue.

TO PHYSICIANS.

The object of this circular is to call the attention of the medical profession to the

IMPROVED TROMMER'S EXTRACT OF MALT,

a preparation, which, on account of *superior quality and cheapness*, is destined to take the place of the imported Malt Extracts.

The manufacturers believe they are performing a valuable service in bringing within the reach of American physicians a medicinal agent so highly esteemed in Europe; and they challenge comparison of this extract with any of the imported extracts in regard to *strength*, *purity* and *flavor*. It consists of Diastase, Malt Sugar, Resin and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts. *It is exceedingly palatable, convenient of administration and will not ferment.* By many American and Foreign physicians, (among the latter, Niemeyer, Trousseau and Aitken,) malt extract is strongly recommended in the treatment of slow, irritable, and difficult digestion, bronchitis, consumption, the debility of females and the aged, and, indeed, in almost all depressing maladies, in which it has been found admirably adapted to building up and invigorating the system. THE IMPROVED TROMMER'S EXTRACT OF MALT is put up in pint bottles, which are sold at one dollar each. Dose, a dessert to a tablespoonful, best taken in a glass of milk three times a day.

THE FERRATED EXTRACT OF MALT,

uniform in size and price with the above, contains, in addition, two grains of the Pyrophosphate of Iron in each dose.

PREPARED BY THE

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

WHOLESALE AGENTS—Fuller & Fuller, Chicago, Ill. Farrand, Williams & Co., Detroit, Mich. Richardson & Co., St Louis, Mo. Meyer Bros. & Co., St. Louis, Mo. Jas. B. Wilder & Co., Louisville, Ky. Stewart & Morgan, Indianapolis, Ind.

BELLEVUE PLACE,

A Hospital for the Insane of the Private Class.

ADDRESS, R. J. PATTERSON, M.D.,

BATAVIA, ILL.

Hours, at Chicago Office, 57 Washington Street, 1 to 2 P. M.

ELECTRO-MEDICAL APPARATUS.

Continued Superiority of Dr. Jerome Kidder's Inventions attested by another award [Nov. 21st, 1874], of a Silver Medal, at the last Fair of the American Institute. The highest Premium has been awarded whenever exhibited in competition.

To distinguish the genuine from the spurious, send for illustrated catalogue. ADDRESS—

DR. JEROME KIDDER,
Northeast Corner of 17th St. and 4th Ave., NEW YORK.

CAPSULES,

PREPARED BY

H. PLANTEN & SON,

Established 1836. *224 William Street, New York.*

GUARANTEED RELIABLE.

PURE COPAIBA, COPAIBA AND CUBEBS, COD LIVER OIL, CASTOR OIL (1 DROP CROTON OIL), CASTOR OIL (1-8 GR. PODOPHYLIN,) COD LIVER OIL (1-2 GR. IODIDE OF IRON), SANDALWOOD OIL, PURE AND WITH 1-10 CASSIA, XYLOL, PHOSPHORUS IN OLIVE OIL, EUCALYPTUS GLOBULUS, MATICO, APIOL,

And many other kinds, to which new articles are continually added.

EMPTY CAPSULES (5 SIZES), especially adapted and recommended for the easy administration of concentrated or nauseous solid medical substances, as Powders and Pills.

Detailed Lists and Samples Furnished on Application.

SOLE AGENTS IN AMERICA FOR

BLAIR'S GOUT AND RHEUMATIC PILLS.

IMPORTERS OF TRUE NORWAY COD LIVER OIL.

PORTABLE ELECTRO-MEDICAL APPARATUS

MANUFACTURED BY

WESTERN ELECTRIC MANUFACTURING CO.,

220 KINZIE STREET, CHICAGO.

We call the attention of the profession, and of the public, to the

PORTABLE

ELECTRO-MEDICAL APPARATUS

Which we manufacture, and which we believe embraces apparatus for the production of

All the Degrees and Varieties of Current

Which can be of service to the Physician.

These Machines are perfectly clean and neat in all their parts,

WITHOUT ACID OR ODOROUS MIXTURES.

They allow great variety of effect, and great strength of current, which can be used as needed, and which can be modified at pleasure.

I.

The Pocket Machine, with Chloride of Silver Battery.

II.

The Pocket Machine, with Sulphate of Mercury Battery.

III.

Portable Primary Current Apparatus, with Chloride of Silver Battery.

FOR OFFICE USE.

THE CALLAUD BATTERY,

The form in use by the Telegraph Companies in America and Europe.

FOR SALE IN CHICAGO BY

E. H. SARGENT, 785 Wabash Avenue.
HALSEY BROS., 25 East Washington Street.
W. B. KEEN, COOKE & CO.

E. H. SARGENT,

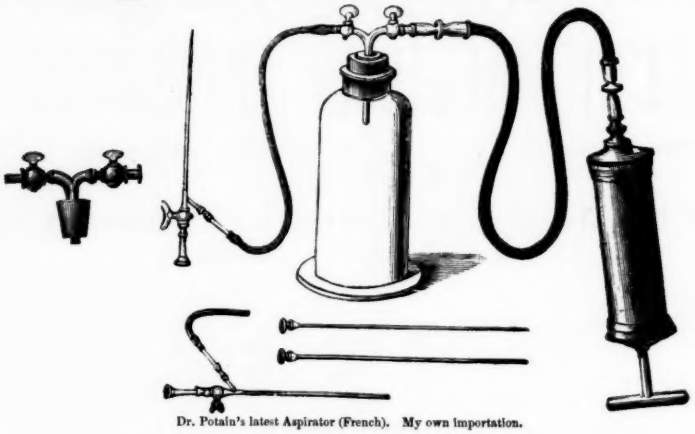
CHEMIST,

785 WABASH AVENUE, CHICAGO, ILL.

(Established 1852.)

IMPORTER AND DEALER IN

Surgical Instruments.



Dr. Potain's latest Aspirator (French). My own importation.

PHYSICIANS' SUPPLIES OF ALL KINDS.

AGENT FOR THE SALE OF

THE GALVANO-FARADIC CO.'S BATTERIES AND ELECTRODES.

☞ **Elastic Stockings, Abdominal Supporters, Trusses, Shoulder-Braces, Crutches, Rubber Syringes, Medicine Chests, Orthopœdic Instruments and Fracture Apparatus, Electro-Magnetic Machines, Thermometers, Lung Protectors, Medicines and Chemicals, on hand, or made to order.**

Also, all the *OFFICINAL PREPARATIONS of my own manufacture,* and a large variety of

ENGLISH AND FRENCH MEDICINAL ARTICLES,

and appliances for Family and Professional use.

Price Lists and Catalogues sent by mail, on application, free.

Drug Store for Sale.

$1,500 will buy my stock and fixtures. Best location in the city. Reason for selling, continued ill health.

Address T. J. V. OWEN,

Decatur, Ill.

THE NEW YORK MEDICAL JOURNAL.

JAMES B. HUNTER, M.D., Editor.

Published Monthly. Volumes begin in January and July.

"Among the numerous records of Medicine and the collateral sciences published in America the above journal occupies a high position, and deservedly so."—*The Lancet (London).*

"One of the best medical journals, by-the-by, published on the American Continent."—*London Medical Times and Gazette.*

"A very high-class journal."—*London Medical Mirror.*

"The editor and the contributors rank among our most distinguished medical men, and each number contains matter that does honor to American Medical Literature."—*Boston Journal of Chemistry.*

"Full of valuable original papers, abounding in scientific ability."—*Chicago Medical Times.*

"We know no other periodical that we would rather present as a specimen of American skill and intelligence than the NEW YORK MEDICAL JOURNAL."—*Franklin Repository.*

Terms : $4 *per annum. Postage free to all subscribers in the United States.*

THE POPULAR SCIENCE MONTHLY.

Conducted by Prof. E. L. YOUMANS.

Each Number contains 128 pages, with numerous Descriptive and Attractive Illustrations.

Published Monthly. Volumes begin in May and November.

Terms : $5 *per Annum, or* 50*c. per Number.*

THE POPULAR SCIENCE MONTHLY was started to promote the diffusion of valuable scientific knowledge, in a readable and attractive form among all classes of the community, and has thus far met a want supplied by no other periodical in the United States.

The great feature of the magazine is, that its contents are not what science *was* ten or more years since, but what it *is* to-day, fresh from the study, the laboratory, and the experiment; clothed in the language of the authors, inventors and scientists themselves, which comprise the leading minds of England, France, Germany and the United States. Among popular articles, covering the whole range of NATURAL SCIENCE, we have the latest thoughts and words of Herbert Spencer, and Professors Huxley, Tyndall and R. A. Proctor. Since the start, it has proved a gratifying success to every friend of scientific progress and universal education; and those who believed that science could not be made anything but dry study, are disappointed.

The press all over the land is warmly commending it. We subjoin a few encomiums from those recently given :

"A journal which promises to be of eminent value to the cause of popular education in this country."—*New York Tribune.*

"It is, beyond comparison, the best attempt at journalism of the kind ever made in this country."—*Home Journal.*

"The initial number is admirably constituted."—*Evening Mail.*

"In our opinion, the right idea has been happily hit in the plan of this new monthly."—*Buffalo Courier.*

"Just the publication needed at the present day."—*Montreal Gazette.*

New York Medical Journal and Popular Science Monthly, - - - $8 00

Payments, in all cases, must be made in advance.

Remittances should be made by postal money-order or check to the Publishers,

D. APPLETON & CO.,

549 & 551 Broadway, New York.

TO THE Medical Profession.

SENT FREE For Three Months.

THE PUBLISHERS WILL SEND

THE MEDICAL RECORD

To NEW SUBSCRIBERS for

THREE MONTHS FREE

Commencing October 1st,

To those who remit at once Five Dollars for next year's (1876) Subscription.

THE MEDICAL RECORD,

A WEEKLY JOURNAL OF MEDICINE AND SURGERY,

Edited by GEORGE F. SHRADY, A.M., M.D.

TERMS, FIVE DOLLARS PER ANNUM.

THE MEDICAL RECORD is now in its tenth year, and since its first appearance it has met with a success unparalleled in the history of American Journalism. Sustained by contributions from the BEST MEDICAL WRITERS in the country, and published from the Medical Centre of the United States, it avails itself of all facilities which make it

A First Class Journal for the General Practitioner.

Besides Original Articles, it contains Editorials on all the leading medical topics of the day, Reports of the Metropolitan Hospitals, of the various Medical Schools of the City and Country, carefully written Reviews of the recent Medical Works, and Reports of the progress of Medical Science throughout the world.

Each number consists of sixteen pages of text, and will form an annual volume of 832 royal octavo pages.

SPECIMEN COPY SENT FREE.

Wm. Wood & Co. also publish the following Journals:

NEW REMEDIES,
—A—
QUARTERLY RETROSPECT
—OF—
Therapeutics, Pharmacy & Allied Subjects.

Edited by **P. A. CASTLE, M.D.**

Subscription Price, $2.00 a Year.

To Subscribers of The Medical Record, $1 a year.

Each number of the Journal consists of from eighty to ninety-six large octavo pages of condensed reading matter, being selections from the Medical and Scientific Journals of the world, of such valuable and interesting matter as can be classified under the several department headings of the Journal.

The AMERICAN JOURNAL
—OF—
OBSTETRICS
—AND—
Diseases of Women and Children.

Edited by **PAUL F. MUNDE, M.D.**

Originally containing but 96 pages, the Journal has been enlarged to 176, making 704 pages in each volume.

The Journal is published quarterly (May, August, November and February) and enters upon its EIGHTH VOLUME with the issue of May, 1875.

Subscription Price, $5.00 a Year.

To Subscribers of The Medical Record, $4 a Year.

☞ **Send for Wm. Wood & Co.'s Complete Medical Catalogue.**

☞ **Send for New Specimen Pages of Ziemssen's Cyclopædia of the Practice of Medicine.**

WM. WOOD & CO., Publishers, 27 Great Jones St., New York.

PARTICULAR NOTICE TO THE MEDICAL PROFESSION.

W. B. KEEN, COOKE & CO.,

Publishers, General Booksellers and Stationers, and dealers in Medical and Surgical Publications,

CHICAGO.

W. B. Keen, Cooke & Co.'s stock of Medical Books is the most extensive in the West.

New and Important Work on the Microscope. By Dr. Richardson, of Philadelphia. A Hand Book of Medical Microscopy. By Joseph G. Richardson, M.D., Microscopist to the Pennsylvania Hospital. 12 mo, Illustrated..... $2 25

Phin. Practical Hints on the Selection and Use of the Microscope. By Jno. Phin, "Editor of the Technologist." 16 mo..... 75

Of these two books, Dr. Danforth, Lecturer on Pathology in Rush Medical College, says, as follows: "Dr. Richardson's book was prepared with special reference to physicians 'who are too busy to search through the elaborate and expensive manuals' already in existence, but who are still desirous of using the microscope with some degree of intelligence and understanding. The author takes hold of his task in a straight-forward and business-like manner, and the result is a most excellent and useful book. While the captious critic could doubtless find food for fault finding, it is yet true that no better manual of microscopy for the daily use of the physician has yet been published. Into the space of 326 octavo pages Dr. Richardson has compressed all that the physician needs to guide him in the selection of a microscope, as well as in its use for diagnostic purposes. We would especially commend the chapters on the "Examination of Urine;" it is difficult to see how a physician of any experience at all in microscopy, could fail in making correct diagnoses of the various forms of renal disease after a careful and *practical* study of the five chapters devoted to the microscopy of the urine.

Another very excellent and valuable chapter, is that on the "Examination of Sputum in Phthisis, etc.," a subject of vast importance in its relations to the early differential diagnosis of diseases of the respiratory organs.

The majority of microscopists would probably speak with less confidence in regard to their ability to determine the source whence dried blood stains are derived than does Dr. Richardson, but it is none the less true that the author's chapter on that subject gives evidence of much careful and conscientious study on this point, and his opinions are entitled to great weight.

The chapter on the "Examination of Morbid Growths," is singularly disjointed and incomplete; it is, indeed, the least valuable chapter in the book. It seems especially strange that a pathologist of Dr. Richardson's experience should content himself with merely reproducing the venerable old illustrations of cancer which we find on pages 312 and 313; illustrations which have done service in Prof. Bennett's book for years past, and were based on a cardinal error to begin with. We notice, also, that in several instances the author attempts to deal with "Prognosis" and "Treatment," subjects which have no more connection with microscopy than they have with astronomy.

In spite of these minor defects, however, we heartily commend this book as the "Hand-Book of Medical Microscopy" best fitted for the physician's office table.

Mr. Phin's little work, which is a mere *brochure*, "intended for beginners," is a step in the right direction. It is a vehicle of good common sense, in proof of which we quote the following from page 44: "The proper question" [in regard to magnifying power,] "is not, how much does a microscope magnify, but how much does it show." "A magnifying power of one hundred diameters, obtained by the use of first class objectives, will enable us to see more of the true structure of an object than could be reached by a magnifying power of five hundred, the lenses in the latter case being of inferior quality." Without attempting an exhaustive review of this miniature volume, it is sufficient to say that it contains the essentials of *amateur* microscopy, which is all the author claims for his modest, but meritorious effort. I. N. D.

New Books received by W. B. Keen, Cooke & Co.

Hand Book for the Physiological Laboratory. By Klein, Sanderson, Foster and Brunton. 2 vols. in one, 133 plates.....cloth, $6.00; sheep, $7 00

Hayden. Diseases of the Heart and of the Aorta. By Thomas Hayden. 81 Illustrations, 2 vols.....cloth, 8 00

Phosphorus. Its Value as a Remedy for Loss of Nerve Power, Neuralgia, Hysteria, etc. By E. A. Kirby, M.D.....paper, 50

Aitken. Outlines of the Science and Practice of Medicine..... 5 00

Anderson. Treatise on Eczema..... 2 75

Bastian. Paralysis from Brain Disease..... 1 75

Buhl. Inflammation of the Lungs..... 1 75

Chambers. Diet and Regimen..... 2 75

Frankland. How to Teach Chemistry..... 1 25

Gardner. Longevity..... 1 50

Griffith. Prescriptions and the Art of Prescribing..... 1 25

Howe. A Manual of Eye Surgery..... 2 50

Kuss. New Manual of Physiology..... 2 50

Loomis. Diseases of the Respiratory Organs, Heart and Kidneys..... 5 00

Scudder. Specific Diagnosis..... 2 50

Tyson. Practical Examination of the Urine..... 1 50

Walton Hayes. Treatise on Diseases of the Eye..... 9 00

Wilks and Moxon. Pathological Anatomy..... 6 50

The above and all other medical books named in our classified catalogue, mailed free on receipt of prices named.

W. B. KEEN, COOKE & CO.,

113 & 115 State St., Chicago.

PHYSICIAN AND PATIENT.

"Men see clearly, like OWLS, in the night of their own notions, but in experience, as in daylight, they wink and are but half-sighted."—*Bacon.*

DR. McCLELLAND'S VALUABLE WORK,

Demonstrating the responsibilities of the Physician to his patient.

CIVIL MALPRACTICE

By M. A. McCLELLAND, M.D., of Knoxville, Ill.

COMPLETE IN ONE VOLUME. PRICE, $2.00.

☞ **Mailed Free on receipt of price.**

"MALPRACTICE may conveniently be divided into two kinds, viz:

1. "CIVIL MALPRACTICE," in which patients bring suits for damages which they have, or think they have, sustained.

2. "CRIMINAL MALPRACTICE," in which the People, or State, is made the plaintiff. The present work is limited to the consideration of the first division of the subject."

CONTENTS.—CIVIL MALPRACTICE. Definition of term—Allegation of Plaintiff—Definition of Ordinary Skill—Quacks, Definition of—Adjudicated Cases—The Physician must adhere to his adopted method—Medical Books in Evidence—Necessity for making visits—No departure from course of treatment adopted—Initial Bandage—Contributory Negligence—Negligence and Skill from a Medical Stand-point—Crepitus, Difficulty of Diagnosis—Dislocations—Skill in Treatment—"Setting" of Fractures, time for Reduction—Means to prevent Shortening—Impacted Fracture—Rules for the government of the Surgeon in treatment of Fractures—Amputations—Bibliography.

Price, $2.00. Mailed Free.

Published by

W. B. KEEN, COOKE & CO.,
CHICAGO.

A NEW BOOK ON

NERVOUS and RHEUMATIC AFFECTIONS

TREATED BY STATIC ELECTRICITY.

By Dr. ARTHUIS, a noted Practitioner of Paris, France.

Translated by J. H. ETHERIDGE, M.D., Professor of General Therapeutics in RUSH MEDICAL COLLEGE, Chicago.

One volume, 12mo, Illustrated, price, $2.00.

CONTENTS OF THE VOLUME:

History of Medical Electricity.
Inferiority of Dynamic Electricity—its Dangers.
Static Electricity; Operative Procedures.
Electric Machine.
Insulator.
Excitators.
Electric Bath.
Absorption of Electricity by the Human Body.
Electric Currents.
Sparks and Electric Frictions.
Electric Douches and Pulverizations.
Natural Electric Currents.
Frictions—Shampooing.
Examination of the Patient.
On Transport of Medicines by Static Electricity.
Medicines.
Experiments of Dr. Burq.
Clinical Observations.
Epilepsy.
Paralysis with Aphasia.
Progressive Locomotor Ataxia.
Rheumatism.
Muscular Contractions.
Rheumatism—General Innervation, Moral Prostration.
Hysteria.
Chorea, or St. Vitus' Dance.
Neuralgias.
Facial Neuralgia.
Intercostal Neuralgia.
Sciatica.
Gastralgia—Nervous Vomitings.
Asthma—Pulmonary Emphysema.
Deafness.
Amaurosis.
Action of Static Electricity on Menstruation—Dysmenorhœa.
Chronic Diarrhœa.
Incontinence of Urine.
Paralysis of the Bladder.
Tonic and Recuperating Action of Static Electricity upon Enfeebled Subjects and Old People.
Hypochondria.
Hectic Fever.
Pulmonary Phthisis.

☞ We shall be pleased to mail a copy of ARTHUIS' STATIC ELECTRICITY to every Physician in the United States. Mailed, postage prepaid, on receipt of $2.00. Address,—

W. B. KEEN, COOKE & CO., Publishers,
Nos. 113 and 115 State St., Chicago.

RUSH MEDICAL COLLEGE.

The Thirty-Second Annual Course of Lectures will commence on Thursday, September 30th, 1875, and continue TWENTY WEEKS.

FACULTY.

JOS. W. FREER, Professor of Physiology and Microscopic Anatomy, PRESIDENT.
J. ADAMS ALLEN, M.D., LL.D., Professor of Principles and Practice of Medicine.
DE LASKIE MILLER, M.D., Professor of Obstetrics and Diseases of Women and Children.
R. L. REA, M.D., Professor of Anatomy.
MOSES GUNN, M.D., A.M., Professor of Principles and Practice of Surgery and Clinical Surgery.
EDWIN POWELL, M.D., Professor of Military Surgery and Surgical Anatomy.
JOSEPH P. ROSS, M.D., Professor of Clinical Medicine, and Diseases of the Chest.
EDWARD L. HOLMES, M.D., Professor of Diseases of the Eye and Ear.
HENRY M. LYMAN, M.D., Professor of Chemistry and Pharmacy.
JAMES H. ETHERIDGE, M.D., Professor of Materia Medica and Medical Jurisprudence.
WALTER HAY, M.D., Adjunct Professor of Principles and Practice of Medicine. Lecturer on Diseases of Brain and Nervous System.

The Dissecting Room will be kept open during the entire season.

FEES.

Lectures, $55; Matriculation, $5; Dissecting, $5; Hospital, $5; Graduation, $25.

For further information with reference to the College, address the Secretary,

DR. DeLASKIE MILLER,
926 Wabash Avenue, Chicago.

CHICAGO MEDICAL COLLEGE.

The regular Annual Lecture Term in this Institution will commence on the first Monday in October, and continue until the third Tuesday in March following. Clinical Lectures *daily* throughout the term.

FACULTY.

N. S. DAVIS, A.M., M.D., DEAN OF FACULTY, Professor of Principles and Practice of Medicine and of Clinical Medicine.
W. H. BYFORD, A.M., M.D., } Professors of Obstetrics and Diseases of Women and Children.
E. O. F. ROLER, A.M., M.D., }
EDMUND ANDREWS, A.M., M.D., SECRETARY OF FACULTY, Professor of General and Clinical Surgery.
H. A. JOHNSON, A.M., M.D., Professor of Diseases of Respiratory and Circulatory Organs
RALPH N. ISHAM, M.D., Professor of Surgical Anatomy and Operations of Surgery.
J. H. HOLLISTER, M.D., Professor of General Pathology and Pathological Anatomy.
J. S. JEWELL, A.M., M.D., Professor of Psychological Medicine and of Nervous Diseases.
DANIEL T. NELSON, A.M., M.D., REGISTRAR OF FACULTY, Professor of Physiology and Histology.
THOMAS BEVAN, M.D., Professor of Hygiene.
H. P. MERRIMAN, A.M., M.D., Professor of Medical Jurisprudence.
SAMUEL J. JONES, A.M., M.D., Professor of Ophthalmology and Otology.
WM. E. QUINE, M.D., Professor of Materia Medica and Therapeutics.
WALTER S. HAINES, M.D., Professor of Chemistry and Toxicology.
THOMAS S. BOND, A.M., M.D., Professor of Descriptive Anatomy.
JULIEN S. SHERMAN, A.M., M.D., Adjunct Professor of Principles and Practice of Surgery.
CHARLES L. RUTTER, M.D., Demonstrator of Anatomy.

Boarding, $3.50 to $4.50 per week. For further information, address

E. ANDREWS, M. D.,
Prof. of Surgery, No. 6 16th St., Chicago.

BURRINGTON'S

Dr. WADSWORTH'S

UTERINE ELEVATOR.

The most simple and practical of any Stem Pessary ever invented. It is made of India-Rubber, *without lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly recommend it. A pamphlet, describing it, and testimonials of distinguished physicians, also price list, sent on application.

Beware of Similar Articles, sold on the Great Reputation of the above.

H. H. BURRINGTON,
Sole Proprietor, Providence, R. I.

BRIGHAM HALL,

CANANDAIGUA, NEW YORK.

An Asylum for the Insane of the Private Class, incorporated by Special Act in 1859. Inquiries may be addressed to

DR. GEO. COOK,
Resident Physician.

PUBLIC AND PRIVATE LIBRARIES.

The attention of all who are engaged in the FORMATION OF LIBRARIES—PUBLIC AND PRIVATE—is called to our very complete stock of the choicest editions of all standard books, in every department of literature, which will be supplied on the most liberal terms. W. B. KEEN, COOKE & CO.

STEREOSCOPES.

VIEWS, ALBUMS, CHROMOS. FRAMES.

E. & H. T. ANTHONY & CO.

591 BROADWAY, NEW YORK,

Invite the attention of the Trade to their extensive assortment of the above goods, of THEIR OWN PUBLICATION, MANUFACTURE AND IMPORTATION. Also

PHOTO LANTERN SLIDES AND GRAPHOSCOPES,

NEW VIEWS OF YOSEMITE,

PHOTOGRAPHS OF ALL PARTS OF THE WORLD.

E & H. T. ANTHONY & CO.,

591 Broadway, NEW YORK, opp. Metropolitan Hotel.

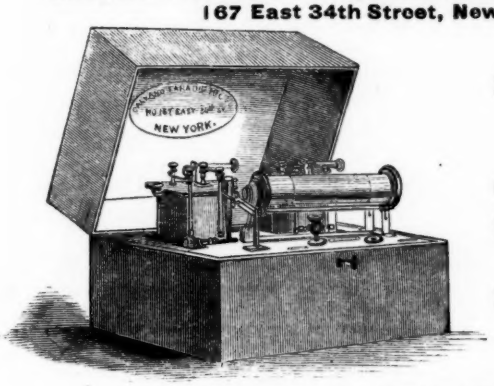
Importers and Manufacturers of Photographic Materials.

ELECTRICAL · INSTRUMENTS

FOR PHYSICIANS AND SURGEONS.

GALVANO-FARADIC MANUFACTURING COMPANY,

167 East 34th Street, New York,



Manufacturers of

Portable Electro-Magnetic Machines,

Galvanic Batteries,

Galvano-Caustic Batteries,

Permanent Galvanic Batteries for Hospitals,

Electrodes of all descriptions.

FOR SALE BY

E. H. SARGENT,

Send for Circular and Price List. ***785 Wabash Ave., Chicago.***

UNIVERSITY OF MICHIGAN.

MEDICAL DEPARTMENT.

The Session of 1875-6 will commence Oct. 1, 1875, and continue for six months.

A COURSE SEPARATE, BUT EQUAL, FOR WOMEN.

FEES—To residents of Michigan, for the first year, - - - - - $25 00
" " for each subsequent year, - - - 15 00
To all others, for the first year, - - - - - - - - 45 00
" for each subsequent year, - - - - - 20 00

For circulars containing full information, address

DEAN OF THE MEDICAL FACULTY,
Ann Arbor, Michigan.

CHICAGO SCHOOL OF ANATOMY.

The Third Course of Lectures will begin Monday Evening, Oct. 11th, 1875.

GREAT PAINS WILL BE TAKEN TO INSTRUCT THE STUDENT IN THE ART OF DISSECTION, AND THE SKILLFUL USE OF THE SCALPEL.

For particulars, address

DR. H. W. BOYD,
1391 Indiana Ave., CHICAGO, ILL.

ESTABLISHED A. D. 1842.

THE GREAT BOOK HOUSE

Publishers, Booksellers and Stationers, Chicago.

MEDICAL AND SURGICAL PUBLICATIONS

HOW TO PROCURE BOOKS

We will forward per U. S. MAIL and prepay postage upon the same, all books named in this Catalogue, weighing four pounds and under, (Books weighing over four pounds are not mailable,) upon receipt of Publisher's Prices, as named herein.

☞ We assume no risk upon Money or Books, although out of the many hundreds of volumes sent by us by mail, none to our knowledge have been lost.

We will forward Books to all points reached by the REGULAR EXPRESS LINES, east of the Mississippi River, and prepay charges on the same upon receipt of Publisher's Prices. Money to accompany all orders.

☞ When Books are forwarded per EXPRESS "COLLECT ON DELIVERY," all expenses of freight and of returning the money, must be paid by the consignee.

NEW MEDICAL BOOKS. (MAILED ON RECEIPT OF PRICES NAMED.)

Agnew. Lacerations of the Female Perineum, etc.	$ 2 00
Anderson. Practical Treatise upon Eczema	3 00
Barker on Puerperal Diseases	5 00
Beard & Rockwell. Medical Electricity. New Ed. Cloth, $6 25. Leather	7 25
Bennett. Report on the Action of Mercury	1 00
Buzzard. Syphilitic Nervous Affections	1 75
Carpenter. On Microscope. New Edition (5th)	5 50
Cohen. Diseases of the Throat	5 00
Corson. Treatment of Pleurisy	50
Davis. Clinical Lectures. New Edition	1 75
Dobell. Winter Cough. New Edition (3d)	3 50
Dutcher. Pulmonary Tuberculosis	3 00
Dunglison's Med. Dictionary. New Ed. Cloth, $6 50. Leather	7 50
Fenwick's Guide to Medical Diagnosis	2 25
Fox. Diseases of the Stomach	2 00
Flint's Physiology of Man. Vol. 5th. (Generation)	4 50
Fieber. Electricity for Nervous Diseases	75
Fluckiger & Hanbury. Pharmacographia. A History of Drugs	6 00
Fowler. Examination of the Urine	1 00
Frey. Histology and Histochemistry of man	5 00
Gorton. The Drift of Medical Philosophy. Pp. 60. Cloth	75
Hartshorne. Essentials. New Ed. Cloth, $2 63. Half Morocco	2 88
Holbrook. Eating for Strength	1 00
Howe, on Breath	1 00
Johnson's Lectures on Bright's Disease	2 25
Jones & Sieveking. Pathological Anatomy. New English Ed	6 00
Knight. Orthopædia	4 00
Leishman's System of Midwifery. Cloth, $5 00. Leather	6 00
Loomis. Diseases of the Respiratory Organs, Heart and Kidney	5 00
McClelland. Civil Malpractice	2 00
Murchison. Functional Derangements of the Liver	1 75
Pavy on Food and Dietetics	4 75
Reese. Manual of Toxicology	5 00
Robert's Practice of Medicine. Cloth, $5 00. Leather	6 00
Ringer's Therapeutics. New Edition	4 25
Salter's. Dental Pathology and Surgery	4 50
Sheppard. Lectures on Madness	2 50
Stille's Epidemic Malignant Cholera	30
Stille's Therapeutics and Materia Medica. New Ed. Cloth, $10 00. Leather	12 00
Spender. Therapeutic Means for the Relief of Pain	2 50
Steiner. Compendium of Children's Diseases	3 50
Taylor. Bone Syphilis in Children	2 50
Taylor's Mechanical Treatment of the Hip Joints	1 00
Thomas. Diseases of Women. New Edition. Cloth, $5 00. Sheep	6 00
Thompson on Diseases of the Prostate	3 25
Tibbits. Hand-Book of Medical Electricity	2 00
Tyson. Practical Examination of Urine	1 50
Waters. Diseases of the Chest	5 00
Wilks & Moxon. Pathological Anatomy	6 50
Wood. Year Book of Therapeutics, Pharmacy, and Allied Sciences, 1873	2 50

☞ **Send for our New Medical Book Catalogue—a complete classified list.**

W. B. KEEN, COOKE & CO., Medical Booksellers, 113 & 115 State St., Chicago.

KOUMISS, or MILK WINE.

A Sparkling Beverage Prepared from Milk, with Nourishing and Strengthening Qualities, Possessed by no Other Food which can be so easily Digested.

KOUMISS, IN ASIA, IS ALMOST A PRE-HISTORIC PREPARATION.

Its fame as a curative for **Consumption, Extreme Debility, and Emaciation,** has made some of the most accessible points of Tartaric Asia places of resort for Invalids for more than a century. The original Asiatic Koumiss is prepared from mares' milk; but since chemistry has been applying itself to modify the composition of cows' milk, so as to approximate that of the mare, Koumiss, equally good as the Asiatic, even superior in some respects, can be made from cows' milk.

In some parts of Germany and Russia, Koumiss is now the main reliance of the physician in recuperating those cases of low vitality, where ordinary nutrition fails. It is employed with marvelous results in cases of

Feeble or Imperfect Digestion, in Cholera Infantum, or other Gastro-Intestinal Affections of Children, Marasmus, Dyspepsia, Inflammation of the Mucous Membrane of the Alimentary Tractus, Irritability of the Stomach, etc., etc.

General and Nervous Debility depending mainly on faulty nutrition are much benefited by the use of Koumiss.

REFERENCES:—Dr. Oscar C. DeWolf, in CHICAGO MEDICAL JOURNAL, November, 1874; Dr. Leonard, in the same Journal, May, 1875.

For a complete treatise on Koumiss, and its use in medicine, the attention of the Medical Profession is called to the interesting pamphlet by Dr. V. A. Jagielski, London, 1870; reprinted, Chicago, 1874. 25 cents. Can be supplied by the subscriber.

Koumiss, per Case of One Dozen Quart Bottles, - $4.75

Can be purchased of the Manufacturer,

A. AREND, Chemist,

521 West Madison Street, Chicago.

WOMAN'S HOSPITAL MEDICAL COLLEGE

OF CHICAGO.

The Sixth Annual Course of Lectures commences on Tuesday, October 5, 1875, And will continue Twenty-One Weeks.

This Institution offers to Ladies desiring a thorough medical education, first-class facilities for its accomplishment. Dissecting material abundant; hospital and clinical advantages unsurpassed.

FACULTY.

WM. H. BYFORD, A.M., M.D., Professor Emeritus of Obstetrics and Diseases of Women.
A. FISHER, M.D., Professor Emeritus of Surgery.

W. G. DYAS, M.D., F.R.C.S., PRES. OF FACULTY, } Profs. of Theory and Practice of Medicine.
JOHN BARTLETT, M.D., }
ROSWELL G. BOGUE, M.D., Professor of Surgery.
T. DAVIS FITCH, M.D., SECRETARY OF FACULTY, 296 West Monroe Street, Professor of Diseases of Women.
EUGENE MARGUERAT, M.D., TREAS. OF FACULTY, 696 W. Madison St., Prof. of Obstetrics.
MARY H. THOMPSON, M.D., CORRESPONDING SECRETARY, 338 West Washington Street, Professor of Hygiene, Clinical Obstetrics and Diseases of Women.
S. C. BLAKE, M.D., Professor of Diseases of the Mind and Nervous System.
CHAS. WARRINGTON EARLE, M.D., Professor of Diseases of Children.
F. C. HOTZ, M.D., Professor of Ophthalmology and Otology.
LESTER CURTIS, M.D., Professor of Pathology.
G. C. PAOLI, M.D., Professor of Materia Medica and Therapeutics.
M. DELAFONTAINE, Ph.D., Professor of Chemistry.
P. S. MACDONALD, M.D., Professor of Anatomy.
SARAH HACKETT STEVENSON, M.D., Professor of Physiology.
D. W. GRAHAM, M.D., Demonstrator of Anatomy.

For Catalogue, or further Information, address the Secretary, Corresponding Secretary, or Treasurer.

W. GODFREY DYAS, M.D., F.R.C.S.,
President of Faculty.

T. DAVIS FITCH, M.D., Secretary,
296 West Monroe Street.

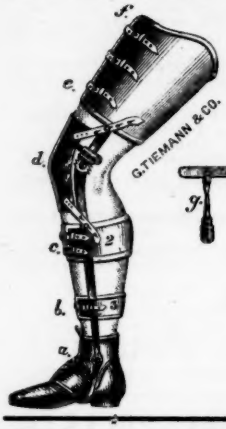
J. P. SHARP,
Successor to Bliss & Sharp.

H. D. SMITH,
Late Manager Inst. Dept. Bliss & Torrey.

SHARP & SMITH,

Importers, Manufacturers, Wholesale and Retail Dealers in

SURGEONS' INSTRUMENTS
AND
APPLIANCES.



Western Agents for GEORGE TIEMANN & CO.S Celebrated Surgical Instruments.

PHYSICIANS' AND DRUGGISTS' ORDERS SOLICITED.

ARTIFICIAL LIMBS AND DEFORMITY APPARATUS
A SPECIALTY.

INSTRUMENTS AND BATTERIES REPAIRED.

100 RANDOLPH STREET,
Bet. Clark and Dearborn,
CHICAGO, ILL.

MEDICAL HOME AND RETREAT FOR INVALIDS,
AND HOSPITAL

For the Treatment of

SPINAL AND NERVOUS DISEASES,

AND ALL

DEFORMITIES, PARALYSIS, CONVULSIONS, HYSTERIA,

AND ALL DISEASES OF THE BRAIN.

No. 298 Shawmut Avenue, (Cor. Waltham St.), Boston, Mass.
GEO. W. RHODES, M.D., Medical Director.

FREDERICK STEARNS,
MANUFACTURING PHARMACIST
DETROIT, MICH.

A NEW Catalogue, No. 75, of 132 pages, and containing a price list of nearly 10,000 pharmaceutical products, will be sent to any address on receipt of 25 cents.

ANIMAL VACCINE VIRUS.

(BOVINE VIRUS.)

Freshly prepared every week, taken from selected heifers, at the Pennsylvania Vaccine Farm, conducted by Dr. B. Rush Senseny.

This extensive establishment has been especially fitted up for the purpose of supplying pure, fresh bovine virus in any quantity. This virus is from the celebrated Beaugency stock, imported expressly, and has never passed through the human subject. It is *safer*, and more *efficient* than humanized virus; is free from all contamination, and is now recommended by the best authorities on vaccination. A circular, with full explanations, sent with each package, or on application, *gratis*.

PRICES.

Ivory points, charged, per dozen,	$1.50
Quill slips, each, charged,	25
or five for $1.00	
Whole quills, each,	50
Lymph tubes, each,	2.00
Crusts, each,	$2.00 to 3.00
according to size.	

Local agents and large orders supplied at special rates.

Orders carefully put up, and mailed promptly. For amounts less than $10.00 the price should be remitted. Large orders sent by express, C. O. D., if desired.

The exclusive sale of this virus has been entrusted to the Philadelphia agency.

Address all orders to

PENNSYLVANIA VACCINE AGENCY,

115 South Seventh Street, Philadelphia.

The Weekly Medical and Surgical Reporter.

THE HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE.

The Physician's Daily Pocket Record and Visiting List.

The publications whose titles are given above merit the attention of all physicians who would keep abreast of the literature of the profession.

THE REPORTER

Is published every Saturday, in pamphlet form, neatly bound and cut. It contains twenty to twenty-four large, double-columned pages of reading matter, printed on fine paper, in clear and new type.

The REPORTER ranks among its contributors many of the most eminent practitioners and surgeons of the United States. Not to go beyond the numbers for the first volume of the current year, we find among their names those of Professors D. H. AGNEW, J. M. DA COSTA, W. W. DAWSON, A. HEWSON, A. JACOBI, R. J. LEVIS, W. PEPPER, L. A. SAYRE, J. S. WIGHT, J. R. WOOD, Drs. J. SOLIS COHEN, A. M. HAMILTON, S. WEIR MITCHELL, L. TURNBULL, and numerous others.

The REPORTER aims especially to be a *practical* journal, and gives its chief attention, therefore, to the diagnosis and treatment of disease.

THE COMPENDIUM

Forms a volume of three hundred large octavo pages. It appears on the first of January and July. It covers the whole ground of Medical Science, distributed under the following headings:—I. Anatomy, Physiology, and Pathology. II. Physics, Botany, Chemistry, and Toxicology. III. Materia Medica and Therapeutics. IV. General Medicine and Sanitary Science. V. Clinical Medicine. VI. Obstetrics and Diseases of Women and Children. VII. Surgery.

No article appears in both the REPORTER *and* COMPENDIUM. None is duplicated in these two journals. The latter is intended to supplement and complete the former in the departments of medicine which are less immediately practical.

THE PHYSICIAN'S POCKET RECORD

Is a visiting list and memorandum book. It is the neatest, cheapest, and most comprehensive book of its kind published, and the only one *good at any time for one year from date*. This feature is owing to its "perpetual almanac" arrangement. Its contents are—1. List of New Remedies. 2. Classified List of Medicines, with Dose and Price. 3. Poisons and Antidotes. 4. Disinfectants. 5. Decimal Tables, etc., etc.

REGULAR RATES.

MEDICAL AND SURGICAL REPORTER (weekly), per annum, *in advance*	$5 00
COMPENDIUM OF MEDICAL SCIENCE (half-yearly), " "	3 00
REPORTER AND COMPENDIUM together, one year	7 00
PHYSICIAN'S DAILY POCKET RECORD (visiting List, etc.), 35 patients weekly	1 50

☞ REPORTER, COMPENDIUM, and POCKET RECORD for 35 patients, together, for one year,

ONLY $8.25.

In view of the new year, we announce the following

SPECIAL RATES AND PREMIUMS.

From now until January 1, 1877, the REPORTER will be sent for $5.00.

Any present subscriber to the REPORTER who obtains for us another subscriber, and remits for both, will receive a POCKET RECORD, with name stamped on tuck, *gratis*.

Any present subscriber who obtains for us two new subscribers, and remits for the three, will receive a copy of the new edition of Naphey's *Modern Therapeutics* (new edition, $1.00, ready January 1st).

A specimen copy of the COMPENDIUM (January, 1875) will be sent for 50 cts.

A specimen copy of the REPORTER will be sent on application, *gratis*.

Any one can have the REPORTER on trial for three months for $1.00.

WE ASK PHYSICIANS TO TRY THESE PUBLICATIONS FOR ONE YEAR, convinced they will not regret it.

Address all letters and make all checks, etc., payable to

D. G. BRINTON, M. D.,
115 South Seventh Street, Philadelphia.

PNEUMATIC ASPIRATION

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these needles into almost every part of the body; into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges; and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

Fig. 68.

Fig. 69.

The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to draw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible, both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in the Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS:

No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions..... $15.00

No. 2. The same, without receiver, and with rubber stopper, (see Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions..... 16.00

No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, Tubes, etc. in case, $14.00

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional... 6.00

The foregoing are the product of our own factory, and are warranted in every respect.

Also, **Dieulafoy on Pneumatic Aspiration,** post-paid, by mail, on receipt of..... 3.40

☞ *Full description on application.*

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail post-paid, on application.

CODMAN & SHURTLEFF,

Makers of Surgical Instruments,

13 and 15 TREMONT STREET, BOSTON.

N.B.—See our other Advertisement in alternate numbers of the JOURNAL AND EXAMINER.

PURE COD-LIVER OIL.

Manufactured on the Sea-Shore by HAZARD & CASWELL, from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as *strictly pure and scientifically prepared*, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the *Fishing Stations*, where the fish are brought to land every few hours, and the livers consequently are in great perfection.

This Oil is manufactured *by us* on the sea-shore, with the greatest care, from fresh healthy livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the livers. It is nearly devoid of color, odor and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil generally found in market is the product of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Mass., after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber-colored Cordial, delicious to the taste, and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessertspoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia. This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each tablespoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

Elixir Phosphate Iron, Quinine and Strychnia. Each teaspoonful contains one grain Phosphate Iron, one grain Phosphate Quinine, and one sixty-fourth of a grain of Strychnia.

Ferro-Phosphorated Elixir of Gentian, containing one ounce of Gentian, and one hundred and twenty-eight grains Pyrophosphate Iron to the pint, making in each dessertspoonful seven and one-half grains Gentian and two grains Pyrophosphate Iron.

Elixir Valerianate of Ammonia. Each teaspoonful contains two grains Valerianate Ammonia.

Elixir Valerinate of Ammonia and Quinine. Each teaspoonful contains two grains Valerinate Ammonia and one grain Quinine.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri-Pyrophosphate.

Wine of Pepsin. This article is prepared by us from fresh Rennets and pure Sherry Wine.

Elixir Taraxacum Comp. Each dessertspoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth and Strychnine. Each fluid-drachm contains one sixty-fourth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent Physicians.

Iodo-Ferrated Cod-Liver Oil. This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine This combination represents Phosphorus, Bromine, Iodine and Cod-Liver Oil, in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

Cod-Liver Oil, with Phosphate of Lime. This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

Cod-Liver Oil, with Lacto-Phosphate of Lime.

CASWELL, HAZARD & CO.,

DRUGGISTS AND CHEMISTS,

NEW YORK.